

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NAIC	Group Code 0901		ode <u>12902</u> Employer's ID	Number <u>20-8534298</u>
Organized under the Laws of	(Current)	(Prior) exas	_, State of Domicile or Port of En	try Texas
Country of Domicile		United State	es of America	
Licensed as business type:		Life, Accid	ent & Health	
Is HMO Federally Qualified?	Yes [] No [X]			
Incorporated/Organized	02/27/2007		Commenced Business	02/27/2007
Statutory Home Office	2900 North Loop W	est, Suite 1300	,	Houston , TX, US 77092
	(Street and I	Number)	(City or	Town, State, Country and Zip Code)
Main Administrative Office			Circle Road nd Number)	
	Nashville , TN, US 37228		·,	615-291-7000
` •	Town, State, Country and Zip	•	(Al	rea Code) (Telephone Number)
Mail Address	9009 Carothers Par (Street and Number or	-		Franklin , TN, US 37067 Town, State, Country and Zip Code)
Primary Location of Books and	d Records	500 Great	t Circle Road	
			nd Number)	645 204 7000
(City or	Nashville , TN, US 37228 Town, State, Country and Zip	Code)	(A	615-291-7000 rea Code) (Telephone Number)
Internet Website Address		www.healt	thspring.com	
Statutory Statement Contact	Beth A	nn Hollingsworth	,	615-236-6252
	regulatory@healthspring.com	(Name)	, ,	(Area Code) (Telephone Number) 615-401-4566
	(E-mail Address)		·	(FAX Number)
		OFF	ICERS	
President, Chairman & Chief Executive Officer	Scott Christia	n Huebner #	Vice President & Secretary	Mark Andrew Tulloch
Chief Financial Officer	Brian David		Co - Chief Executive Officer	Matthew Shawn Morris #
	Bhan Bavi		-	Watthew Grawn World #
	Corporate Medical Director		HER # Compliance Officer	Clifton Scott Jacobson Vice President
Oper	President, Pharmaceutical rations		erry Chief Actuary	Gregory James Allen Divisional President
	Divisional President z Vice President		rdner Vice President Vice President & Treasurer	Kristinn Klunkert Benton Vice President James Patrick Foley # Divisional President
Robert Lambdin Dav	vson # Vice President	-	# Vice President & Assistant easurer	Sanjeev Kumar Srivastava, # Vice President
Scott Ronald Lambert #	Vice President & Assistant	Jumana Nadeem Sidd	liqui # Assistant Treasurer	Kevin James Oleksak # Assistant Secretary
	er # Assistant Secretary		Assistant Secretary	Natalie Choy Dietrich # Assistant Secretary
0 1 11	0: "		OR TRUSTEES	
	ar Srivastava # hawn Morris		stian Huebner drew Tulloch	Robert Lambdin Dawson
State of County of	Tennessee	SS:		
				orting entity, and that on the reporting period stated above,
				or claims thereon, except as herein stated, and that this nd true statement of all the assets and liabilities and of the
condition and affairs of the sai	d reporting entity as of the rep	oorting period stated above, a	and of its income and deductions	therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state
rules or regulations require	differences in reporting not i	related to accounting praction	ces and procedures, according	to the best of their information, knowledge and belief,
				g electronic filing with the NAIC, when required, that is an be requested by various regulators in lieu of or in addition
to the enclosed statement.	g	9,	g	
Scott Christian F	Huebner	Brian Da	vid Setzer #	Mark Andrew Tulloch
President, Chairman & Chie			incial Officer	Vice President & Secretary
Subscribed and sworn to befo	re me this		a. Is this an original filingb. If no,	?? Yes[X] No[]
day of	Febr	ruary 2013	1. State the amendme	
			Date filed Number of pages a	

Notary Public

${\tt ANNUAL\ STATEMENT\ FOR\ THE\ YEAR\ 2012\ OF\ THE\ \ HealthSpring\ Life\ \&\ Health\ Insurance\ Company,\ Inc.}$

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	Nonaumilleu	Admitted
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	2,896,234				0	2,896,234
0299999. Total group	2,896,234	0	0	0	0	2,896,234
0399999. Premiums due and unpaid from Medicare entities	16,436,332	U	U	U	U	16,436,332
0499999. Premiums due and unpaid from Medicaid entities	10,430,332					10,430,332
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	19,332,566	0	0	0	0	19,332,566

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
AstraZeneca	16,376,270					16,376,270
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	52,972,320		2,399,508	10,844	10,844	55,371,828
0199999. Total Pharmaceutical Rebate Receivables	69,348,589	0	2,399,508	10,844	10,844	71,748,097
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	21,741			420,242	420,242	21,741
0299999. Total Claim Overpayment Receivables	21,741	0	0	420,242	420,242	21,741
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	1,859,698	741,948	791,733	4,409,836	3,948,819	3,854,397
0699999. Total Other Receivables	1,859,698	741,948	791,733	4,409,836	3,948,819	3,854,397
0799999 Gross health care receivables	71,230,028	741,948	3,191,241	4,840,922	4,379,905	75,624,235

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Renaissance Physician Organization	121,252	76,599	140,777	36, 195	2,033,672	2,408,494
WellMed Networks	255,937	141,787	62,401	342,343	789,299	1,591,767
Doctors Organize Care		87,985	80,484			251,585
Lower Valley Physician Alliance	148,983	62,107	(26,913)	(23,267)		160,910
Sadler					131 , 184	131 , 184
Gold Violin						84,947
Hubble Diagnostic Service payable		30,950				61,900
MedSolutions	18,963					18,963
0199999. Individually listed claims unpaid	744,146	399,429	256,749	355,271	2,954,155	4,709,751
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	57,409,870	547,471	533,311	286,708	418,619	59, 195, 980
0499999. Subtotals	58, 154, 016	946,901	790,061	641,979	3,372,774	63,905,731
0599999. Unreported claims and other claim reserves						102,959,662
0699999. Total amounts withheld						
0799999. Total claims unpaid						166,865,393
0899999 Accrued medical incentive pool and bonus amounts						10,554,670

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999. Individually listed receivables	0	0	0	0	0	0	0
0299999. Receivables not individually listed	48,555			767,736	767,736	48,555	0
0399999 Total gross amounts receivable	48,555	0	0	767,736	767,736	48,555	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	
Affiliate	Description	Amount	Current	Non-Current	
Bravo Health Mid Atlantic, Inc.	Part D and rebate reimbursements	903,654	903,654		
Bravo Health Mid Atlantic, Inc.	Miscellaneous Invoices	(202,378)	(202,378)		
Bravo Health Pennsylvania, Inc.	Part D and rebate reimbursements	5,938,904	5,938,904		
Bravo Health Pennsylvania, Inc.	Miscellaneous Invoices	5,862	5,862		
GulfQuest, LLC		29,288	29,288		
HealthSpring of Alabama, Inc.	Part D and rebate reimbursements	2,245,308	2,245,308		
HealthSpring of Florida, Inc.	Part D and rebate reimbursements	715,837	715,837		
HealthSpring of Illinois, Inc.	Part D and rebate reimbursements	505,845	505,845		
HealthSpring of Tennessee, Inc.	Part D and rebate reimbursements	4,061,070	4,061,070		
HealthSpring of Tennessee, Inc.	Miscellaneous Invoices	(116)	(116)		
HealthSpring, Inc.	Miscellaneous Invoices		452,839		
HealthSpring Management of America, LLC		20,988,703	20,988,703		
HealthSpring of North Mississippi	Part D and rebate reimbursements	43,928	43,928		
HealthSpring of Pensacola	Part D and rebate reimbursements	124,003	124,003		
HealthSpring of South Mississippi	Part D and rebate reimbursements	314,968	314,968		
0199999. Individually listed payables		36, 127, 715	36, 127, 715	0	
0299999. Payables not individually listed		434	434		
0399999 Total gross payables		36,128,148	36, 128, 148	0	

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	195,846,372	11.8	49,451	6.7		195,846,372
2. Intermediaries	59,547,944	3.6	541,471	73.0		59,547,944
3. All other providers.	0	0.0	0	0.0		
4. Total capitation payments.	255,394,316	15.4	590,922	79.6	0	255,394,316
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	870,420,025	52.5	XXX	XXX		870,420,025
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		0
8. Bonus/withhold arrangements - contractual fee payments	10,920,737	0.7	XXX	XXX		10,920,737
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	521,213,128	31.4	XXX	XXX		521,213,128
12. Total other payments	1,402,553,890	84.6	XXX	XXX	0	1,402,553,890
13. TOTAL (Line 4 plus Line 12)	1,657,948,206	100%	XXX	XXX	0	1,657,948,206

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid		Total Adjusted Capital	Control Level RBC
	Renaissance Physician Organization	171,819,323	14,318,277		
	Wellmed	37,030,445	3,085,870		
	Doctors Organize Care	10,583,093	881,924		
	Lower Valley Physician Alliance	9,411,032	784,253		
	StarDent/First Continental	5,884,769	490,397		
	Access2Care	4,459,085	371,590		
	MedSolutions	3,235,305	269,609		
	BIOCK VISION	2,988,813	249,068		
	Hidalgo Offers Physician Excellence	2, 155, 533	179,628		
	Valley Integrated Physicians	1,866,209	155,517		
	Silver Sneakers	1,859,895	154,991		
	Sadler	1,798,603	149,884		
	Opticare	1, 127, 487	93,957		
	Integranet	484,956	40,413		
	Careington	253,505	21,125		
	Delta Dental	90,911	7,576		
	HMTNet/MRSB	88,213	7,351		
	Hea I thways	84.113	7.009		
	Quest Diagnostics	55,490	4,624		
	Health Integrated	53,905	4,492		
	Trinity/Kingwood Huntsville Cleveland	52,450	4.371		
	Patient Phys Network	11,180	932		
9999999 Totals		255,394,315	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF					DURING THE Y		NAIC Com	12902	
	1	Comprehensive (H	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22,316							0		22,316
2. First Quarter	22,088									22,088
3. Second Quarter	21,579									21,579
4. Third Quarter	21,160									21,160
5. Current Year	20,765									20,765
6. Current Year Member Months	258,203									258,203
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,995,427									19,995,427
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	19,995,427									19,995,427
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,307,102									15,307,102
18 Amount Incurred for Provision of Health Care Services	16,008,661									16,008,66



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Alaska				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
INTO CICUP COUC CHIT ECONICE CO	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,653							0		2,653
2. First Quarter	4,149									4, 149
3. Second Quarter	4,231									4,231
4. Third Quarter	4,322									4,322
5. Current Year	4,407									4,407
6. Current Year Member Months	50,665									50,665
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,260,560									3,260,560
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,260,560									3,260,560
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,999,083									2,999,083
18 Amount Incurred for Provision of Health Care Services	3,136,538									3,136,538

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,260,560



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
IAIC Group Code 3477 BUSINESS	IN THE STATE OF			T .		DURING THE Y		NAIC Con	12902	
	1	Comprehensive (Ho	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,559							0		5,559
2. First Quarter	5,525									5 , 52
3. Second Quarter	5,717									5,717
4. Third Quarter	5,907									5,90
5. Current Year	6,102									6,102
6. Current Year Member Months	68,636									68,636
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4 , 147 , 934									4 , 147 , 934
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4 , 147 , 934						-			4,147,934
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,867,633						-			2,867,633
18 Amount Incurred for Provision of Health Care Services	2,999,063									2,999,06

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Arkansas				DURING THE YE	EAR 2012	NAIC Com	pany Code	12902
Anic Gloup Gode 5477 BOSINESS	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
	·	2	3	1				-	-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,104						.	0		4 , 104
2. First Quarter	4,994						.			4,994
3. Second Quarter	5,147						.			5,147
4. Third Quarter	5,281									5,281
5. Current Year	5,364									5,364
6. Current Year Member Months	61,597									61,597
Total Member Ambulatory Encounters for Year:										
7 Physician	0						-			
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,288,359									4,288,359
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,288,359						.			4,288,359
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,908,471						.			2,908,471
18 Amount Incurred for Provision of Health Care Services	3,041,773									3,041,773



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	California				DUDING THE V	TAD 2012	(LOCATION		12902
NAIC Group Code 3477 BUSINESS	1 IN THE STATE OF	Comprehensive (F	Inspital & Medical)	4	5	DURING THE Y	EAR 2012	NAIC COIL	pany Code 9	12902
	'	2	3	·			,	o l	J	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	177,842							0		177,842
2. First Quarter	22,380									22,380
3. Second Quarter	20,841									20,841
4. Third Quarter	20 , 187									20 , 187
5. Current Year	19,518									19,518
6. Current Year Member Months	253,396									253,396
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	21,103,760									21, 103, 760
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	21,103,760						-			21, 103,760
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,582,015						-			18,582,015
18 Amount Incurred for Provision of Health Care Services	19,433,672									19,433,672

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$21,103,760



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	Colorado				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
NAIC Gloup code 3477 BOSINES	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	12902
		2	3	1	_			-	-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6, 186							0		6 , 186
2. First Quarter	1,966									1,966
3. Second Quarter	1,909									1,909
4. Third Quarter	1,890									1,890
5. Current Year	1,882									1,882
6. Current Year Member Months	22,954									22,954
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,891,906									1,891,906
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,891,906									1,891,906
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,674,607									1,674,607
18 Amount Incurred for Provision of Health Care Services	1,751,358									1,751,358



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF				•	DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	z Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,859							0		8,859
2. First Quarter	8,473									8,473
3. Second Quarter	8,248									8,248
4. Third Quarter	8,085									8,08
5. Current Year	7,894									7,894
6. Current Year Member Months	98,739									98,739
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,490,006									8,490,006
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,490,006									8,490,000
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,252,898									8,252,898
18 Amount Incurred for Provision of Health Care Services	8,631,147									8,631,147

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,490,006



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Delaware				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
AND Group Gode 3477 BOGINESO	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10
		2	3	=						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,869							0		1,869
2. First Quarter	2,182									2,182
3. Second Quarter	2,187									2,187
4. Third Quarter	2,212									2,212
5. Current Year	2,220									2,220
6. Current Year Member Months	26,105									26,105
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,086,772									2,086,772
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,086,772									2,086,772
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,008,965									2,008,965
18 Amount Incurred for Provision of Health Care Services	2,101,040									2,101,040

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____2,086,772



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	District of Colur	mhia			DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
In the croup code 6411 Beenteed	1	Comprehensive (Ho		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,545							0		2,545
2. First Quarter	2,986									2,986
3. Second Quarter	3,036									3,036
4. Third Quarter	3,073									3,073
5. Current Year	3,057									3,057
6. Current Year Member Months	36,104									36,104
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,973,067									2,973,067
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,973,067									2,973,067
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,712,114									2,712,114
18 Amount Incurred for Provision of Health Care Services	2,836,416									2,836,416

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____2,973,067



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
IAIC Group Code 3477 BUSINESS	IN THE STATE OF			T .	T	DURING THE YE			pany Code	12902
	1	Comprehensive (Ho	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,482							0		1,48
2. First Quarter	1,926									1,92
3. Second Quarter	2,002									2,00
4. Third Quarter	2,022									2,02
5. Current Year	2,030									2,03
6. Current Year Member Months	23,497									23,49
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,448,136									2,448,13
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,448,136									2,448,13
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,243,007									2,243,00
18 Amount Incurred for Provision of Health Care Services	2,345,809									2,345,80

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____2,448,136



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Occurs Ocale 0477 RUGINEGO	IN THE OTATE OF	0				DUDING THE VE	-AD 0040	(LOCATION		40000
NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Georgia Comprehensive (Ho	spital & Modical)	4	5	DURING THE YE	EAR 2012	NAIC Com	npany Code 9	12902 10
	'	2	3	4	5	O	/	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	12,070							1,209		10,861
2. First Quarter	11,137							2,022		9,115
3. Second Quarter	10,941							2,047		8,894
4. Third Quarter	10,798							2,093		8,705
5. Current Year	10,546							2,111		8,435
6. Current Year Member Months	130,785							24,498		106,287
Total Member Ambulatory Encounters for Year:										
7 Physician	33,579							33,579		
8. Non-Physician	6,257							6,257		
9. Total	39,836	0	0	0	0	0	0	39,836	0	0
10. Hospital Patient Days Incurred	3,157							3,157		
11. Number of Inpatient Admissions	487							487		
12. Health Premiums Written (b)	29,308,635							19,093,148		10,215,487
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	29,308,635							19,093,148		10,215,487
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,680,664							13,664,550		7,016,114
18 Amount Incurred for Provision of Health Care Services	21,646,020							14,308,342		7,337,678

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____29,308,635



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF					DURING THE Y		NAIC Com	pany Code	12902
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,356							0		4,356
2. First Quarter	4,051									4,051
3. Second Quarter	3,805									3,805
4. Third Quarter	3,658									3,658
5. Current Year	3,562									3,562
6. Current Year Member Months	45,578									45,578
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	(ס	0 0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,470,455									3,470,455
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,470,455									3,470,455
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,341,631									2,341,631
18 Amount Incurred for Provision of Health Care Services	2,448,953									2,448,953

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,470,455



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	- Idaho				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
THE GIALD COULTER TO THE COURT OF THE COURT	1	Comprehensive (He	ospital & Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	5,005							0		5,005
2. First Quarter	5,277									5,277
3. Second Quarter	5,266									5,266
4. Third Quarter	5,285									5,285
5. Current Year	5,295									5,295
6. Current Year Member Months	62,998									62,998
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,646,156									5,646,156
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,646,156									5,646,156
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,299,318						-			4,299,318
18 Amount Incurred for Provision of Health Care Services	4,496,366									4,496,366



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Illinois				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
AIC Group code 5477 BOSINESS	1	Comprehensive (He	ospital & Medical)	4	5	6	7	8	9	12902
	·	2	3	1		_			-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	71,850							0		71,850
2. First Quarter	77,311									77,311
3. Second Quarter	76,809									76,809
4. Third Quarter	76,597									76,597
5. Current Year	76,132									76,132
6. Current Year Member Months	922,008									922,008
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	86,210,043						-			86,210,043
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	86,210,043						-			86,210,043
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	64,884,013						-			64,884,013
18 Amount Incurred for Provision of Health Care Services	67,857,796									67,857,796



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Indiana				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
Anic Group code 3477 BOSINESS	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3						-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,890							0		13,890
2. First Quarter	13,523									13,523
3. Second Quarter	13,193									13, 193
4. Third Quarter	12,985									12,985
5. Current Year	12,714									12,714
6. Current Year Member Months	158,025									158,025
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,370,226									16,370,226
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	16,370,226									16,370,226
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	13, 136, 298						-			13, 136, 298
18 Amount Incurred for Provision of Health Care Services	13,738,365									13,738,365

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	lowa				DURING THE YI	EAR 2012	NAIC Com	pany Code	12902
Aic Gloup code 3411 Boolives	1	Comprehensive (Ho	spital & Medical)	4	5	6	7	8	9	10
		2	3			-			-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,909							0		5,909
2. First Quarter	1,515									1,515
3. Second Quarter	1,487									1,487
4. Third Quarter	1,458									1,458
5. Current Year	1,435									1,435
6. Current Year Member Months	17,513									17,513
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,730,506									1,730,506
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,730,506									1,730,506
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,187,421									1, 187, 421
18 Amount Incurred for Provision of Health Care Services	1,241,843									1,241,843

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______1,730,506



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF				T	DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	S Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,099							0		6,099
2. First Quarter	7,493									7,493
3. Second Quarter	7,562									7,562
4. Third Quarter	7,656									7,656
5. Current Year	7,637									7,637
6. Current Year Member Months	90,518									90,518
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,537,313									8,537,313
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,537,313									8,537,313
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,033,677									6,033,677
18 Amount Incurred for Provision of Health Care Services	6,310,214									6,310,214



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	- Kentucky				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
WHIC Cloup code 3411 Boomeo	1	Comprehensive (He	ospital & Medical)	4	5	6	7	8	9	10
		2	3						-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,134							0		13,134
2. First Quarter	13,007									13,007
Second Quarter	12,847									12,847
4. Third Quarter	12,721									12,721
5. Current Year	12,548									12,548
6. Current Year Member Months	153,665									153,665
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	C	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	14,819,776									14,819,776
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	14,819,776									14,819,776
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,079,904									10,079,904
18 Amount Incurred for Provision of Health Care Services	10,541,889									10,541,889

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,819,776



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	Louisiana				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
While cloup dode 3411 Boomeed	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3	=					-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,597						-	0		18,597
2. First Quarter	18,430									18,430
3. Second Quarter	18,551									18,551
4. Third Quarter	18,649									18,649
5. Current Year	18,610									18,610
6. Current Year Member Months	222,084									222,084
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,756,625						-			20,756,625
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						-			
15. Health Premiums Earned	20,756,625						-			20,756,625
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,244,602						-			15,244,602
18 Amount Incurred for Provision of Health Care Services	15,943,297									15,943,297

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____20,756,625



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crown Code 2477 DUCINECC	IN THE CTATE OF	Maina				DUDING THE VI	EAD 2040	(LOCATIOI		40000
IAIC Group Code 3477 BUSINESS	IN THE STATE OF	Maine Comprehensive (H	ospital & Modical)	4	5	DURING THE YI	EAR 2012	NAIC COIT	npany Code 9	12902 10
	'	2	3	7	3	0		0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	969							0		969
2. First Quarter	949									949
3. Second Quarter	937									937
4. Third Quarter	922									922
5. Current Year	920									920
6. Current Year Member Months	11,034									11,034
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	901,351									901,351
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	901,351						.			901,351
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	528,473									528,473
18 Amount Incurred for Provision of Health Care Services	552,694									552,694

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$901,351



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATIO		
NAIC Group Code 3477 BUSINESS	IN THE STATE OF			ı	1	DURING THE			npany Code	12902
	1	Comprehensive (H	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,876							0		10,87
2. First Quarter	12,321									12,32
3. Second Quarter	12,473									12,47
4. Third Quarter	12,559									12,55
5. Current Year	12,650									12,65
6. Current Year Member Months	149,407									149,40
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0		0	0 0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	14,523,387									14,523,38
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	14,523,387									14,523,38
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,219,055									10,219,05
18 Amount Incurred for Provision of Health Care Services	10,687,418									10,687,41

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,523,387



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF					DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	23,508							0		23,508
2. First Quarter	22,576									22,576
3. Second Quarter	22,071									22,07
4. Third Quarter	21,707									21,707
5. Current Year	21,244									21,244
6. Current Year Member Months	264,452									264,452
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	26,647,755									26,647,755
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	26,647,755									26,647,755
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,028,203									18,028,203
18 Amount Incurred for Provision of Health Care Services	18,854,477									18,854,477



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Craus Code 2477 DUCINECC	IN THE CTATE OF	Mishinas				DUDING THE V	TAD 2040	(LOCATION		40000
NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Michigan Comprehensive (H	ospital & Modical)	4	5	DURING THE Y	EAR 2012	NAIC COIT	npany Code 9	12902 10
	'	2	3	i	3	· ·	,	O	3	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,486							0		47,486
2. First Quarter	45,791									45,791
3. Second Quarter	44,856									44,856
4. Third Quarter	44,043									44,043
5. Current Year	43,143									43,143
6. Current Year Member Months	537,056									537,056
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	53,956,852									53,956,852
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	53,956,852									53,956,852
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	37,342,007									37,342,007
18 Amount Incurred for Provision of Health Care Services	39,053,478									39,053,478

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	Minnesota				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
Anic Gloup Gode 3477 BOSINESC	1	Comprehensive (He	ospital & Medical)	4	5	6	7	8	9	10
		2	3	=					-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,343							0		7,343
2. First Quarter	1,729									1,729
3. Second Quarter	1,688									1,688
4. Third Quarter	1,696									1,696
5. Current Year	1,669									1,669
6. Current Year Member Months	20,213									20,213
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,019,493						-			2,019,493
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,019,493									2,019,493
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,504,488						-	·		1,504,488
18 Amount Incurred for Provision of Health Care Services	1,573,442									1,573,442

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____2,019,493



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF			1		DURING THE YE			pany Code	12902
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,043							0		18,04
2. First Quarter	18,176									18 , 176
3. Second Quarter	17,811									17,81
4. Third Quarter	17,458									17,458
5. Current Year	17,140									17,140
6. Current Year Member Months	212,668									212,668
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,361,140									19,361,140
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	19,361,140									19,361,140
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,753,164									12,753,164
18 Amount Incurred for Provision of Health Care Services	13,337,671									13,337,67



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	Missouri				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
Anic Gloup Gode 3411 Booline Go	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3						-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,045							0		3,045
2. First Quarter	4,980									4,980
3. Second Quarter	5,913									5,913
4. Third Quarter	6,782									6,782
5. Current Year	7,252									7,252
6. Current Year Member Months	71, 156									71,156
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,630,585						-			6,630,585
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,630,585						-			6,630,585
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,302,348						-	·		5,302,348
18 Amount Incurred for Provision of Health Care Services	5,545,367									5,545,367

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF					DURING THE YE			pany Code	12902
	1	Comprehensive (H 2		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,915							0		1,91
2. First Quarter	556									556
3. Second Quarter	547									54
4. Third Quarter	557						-			55
5. Current Year	560									560
6. Current Year Member Months	6,414									6,414
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	612,806									612,800
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	612,806						.			612,80
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	472,060									472,060
18 Amount Incurred for Provision of Health Care Services	493,696									493,696

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

						(LOCATION)				
NAIC Group Code 3477 BUSINESS	IN THE STATE OF					DURING THE Y		NAIC Company Code		12902
	1 Total	Comprehensive (Hospital & Medical) 2 3		4	5	6	7	8	9	10
		Individual	S Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,406							0		3,406
2. First Quarter	928						-			928
3. Second Quarter	908									908
4. Third Quarter	898									898
5. Current Year	884									884
6. Current Year Member Months	10,698									10,698
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,000,655									1,000,655
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,000,655									1,000,655
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	831,843						.			831,843
18 Amount Incurred for Provision of Health Care Services	869,969									869,969

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Nevada				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
J. J	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	12,291							0		12,291
2. First Quarter	2,616									2,616
3. Second Quarter	2,486									2,486
4. Third Quarter	2,410									2,410
5. Current Year	2,359									2,359
6. Current Year Member Months	29,939									29,939
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,687,930									2,687,930
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,687,930									2,687,930
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,804,109									1,804,109
18 Amount Incurred for Provision of Health Care Services	1,886,795									1,886,795

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______2,687,930



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF				ľ	DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,236							0		1,23
2. First Quarter	1,289						-			1,28
3. Second Quarter	1,276									1,27
4. Third Quarter	1,270									1,27
5. Current Year	1,256									1,25
6. Current Year Member Months	15,068									15,06
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	C	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,309,806									1,309,80
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,309,806									1,309,80
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	938,628						.			938,62
18 Amount Incurred for Provision of Health Care Services	981,648									981,64

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF			1		DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,596							0		1,596
2. First Quarter	1,724									1,724
3. Second Quarter	1,758									1,758
4. Third Quarter	1,825									1,825
5. Current Year	1,831									1,83
6. Current Year Member Months	21,021									21,02
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2, 164,376									2,164,376
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2, 164,376									2, 164, 376
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,695,232									1,695,232
18 Amount Incurred for Provision of Health Care Services	1,772,928									1,772,928

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______2, 164,376



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Houston, TX HealthSpring Life & Health Insurance Company, Inc. **REPORT FOR: 1. CORPORATION** (LOCATION)

NAIC Crown Code 2477 DUCINECO	NINITHE OTATE OF	Naw Mariaa				DUDING THE VI	TAD 2010	(LOCATIOI		40000
IAIC Group Code 3477 BUSINESS	S IN THE STATE OF	New Mexico Comprehensive (H	ospital & Modical)	4	5	DURING THE YI	EAR 2012	NAIC COIT	npany Code 9	12902 10
	'	2	3	† *	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	622							0		622
2. First Quarter	422									422
3. Second Quarter	409									409
4. Third Quarter	404									404
5. Current Year	402									402
6. Current Year Member Months	4,744									4,744
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	429,696									429,696
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	429,696						.			429,696
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	240,260						.			240,260
18 Amount Incurred for Provision of Health Care Services	251,272									251,272



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	New York				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
Aic Gloup code 3411 Boolives	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
	·	2	3	1					-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	66,738						-	0		66,738
2. First Quarter	63,351									63,35
3. Second Quarter	61,391									61,391
4. Third Quarter	59,719									59,719
5. Current Year	58,146									58,146
6. Current Year Member Months	734,794									734,794
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	75,939,776									75,939,776
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	75,939,776									75,939,776
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	55,866,750									55 , 866 , 750
18 Amount Incurred for Provision of Health Care Services	58,427,251									58,427,251

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	North Carolina				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
Wile creap dodd	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,748							0		3,748
2. First Quarter	2,115									2,115
3. Second Quarter	2,065									2,065
4. Third Quarter	2,059						-			2,059
5. Current Year	2,074									2,074
6. Current Year Member Months	24,946									24,946
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,635,245									2,635,245
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,635,245									2,635,245
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,819,353									1,819,353
18 Amount Incurred for Provision of Health Care Services	1,902,738									1,902,738

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,635,245



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATIOI	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF			T	1	DURING THE Y			npany Code	12902
	1	Comprehensive (H 2	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,095							0		1,09
2. First Quarter	477									477
3. Second Quarter	474									474
4. Third Quarter	468						-			468
5. Current Year	460									460
6. Current Year Member Months	5,436									5,436
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	524,820									524,820
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	524,820						.			524,820
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	340 , 139									340 , 139
18 Amount Incurred for Provision of Health Care Services	355,728									355,728

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Ohio				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
WATER GLOUP GOOD STATE BOOMES	1	Comprehensive (F	lospital & Medical)	4	5	6	7	8	9	10
		2	3						-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,816							0		4,816
2. First Quarter	5,536									5,536
3. Second Quarter	5,555									5 , 555
4. Third Quarter	5,553									5 , 553
5. Current Year	5,532									5,532
6. Current Year Member Months	66,277									66,277
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,826,747									6,826,747
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,826,747									6,826,747
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,871,715									5,871,715
18 Amount Incurred for Provision of Health Care Services	6,140,830									6,140,830



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF					DURING THE Y			pany Code	12902
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,060							0		17,060
2. First Quarter	16,766									16,766
3. Second Quarter	16,489									16,489
4. Third Quarter	16,251									16,25
5. Current Year	15,957									15,957
6. Current Year Member Months	197, 131									197, 13 ⁻
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	18,037,076									18,037,076
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	18,037,076									18,037,076
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,592,621									12,592,62
18 Amount Incurred for Provision of Health Care Services	13,169,770									13,169,770



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATIO		
NAIC Group Code 3477 BUSINESS	IN THE STATE OF			_	1	DURING THE Y			npany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,284							0		
2. First Quarter	8,518									8,51
3. Second Quarter	8,568									8,56
4. Third Quarter	8,504									8,50
5. Current Year	8,625									8,62
6. Current Year Member Months	102,124									102,12
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0		0	0 0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,749,116									8,749,11
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,749,116									8,749,11
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,222,778									5,222,77
18 Amount Incurred for Provision of Health Care Services	5,462,150									5,462,15



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINES	S IN THE STATE OF	Pennsylvania				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
AIC Gloup Code 3411 BOSINES	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	g I	12902
		2	3	1					· ·	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,605							0		18,605
2. First Quarter	17,222									17,222
3. Second Quarter	16,639									16,639
4. Third Quarter	16,249									16,249
5. Current Year	15,876									15,876
6. Current Year Member Months	199,810									199,810
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,234,393									19 , 234 , 393
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	19,234,393									19,234,393
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	13,590,003									13,590,003
18 Amount Incurred for Provision of Health Care Services	14,212,864									14,212,864



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Rhode Island				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
While cloup dode 3411 Boomeed	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3	=					-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,515							0		3,515
2. First Quarter	3,415									3,415
3. Second Quarter	3,373									3,373
4. Third Quarter	3,312									3,312
5. Current Year	3,244									3,244
6. Current Year Member Months	40,036									40,036
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,999,759									3,999,759
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						-			
15. Health Premiums Earned	3,999,759						-			3,999,759
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,989,235						-			2,989,235
18 Amount Incurred for Provision of Health Care Services	3,126,239									3,126,239

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,999,759



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF			1		DURING THE Y			pany Code	12902
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14,894							0		14,894
2. First Quarter	14,362									14,362
3. Second Quarter	13,989									13,989
4. Third Quarter	13,674						-			13,674
5. Current Year	13,371									13,37
6. Current Year Member Months	167,316									167,316
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,936,988									16,936,988
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	16,936,988									16,936,988
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,590,686									11,590,686
18 Amount Incurred for Provision of Health Care Services	12,121,914									12, 121, 914



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATIOI	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF					DURING THE Y			pany Code	12902
	1	Comprehensive (H		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,480							0		1,480
2. First Quarter	496									49
3. Second Quarter	480									480
4. Third Quarter	466						-			460
5. Current Year	456									450
6. Current Year Member Months	5,557									5,55
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	520,760									520,760
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	520,760									520,760
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	320,015						.			320,01
18 Amount Incurred for Provision of Health Care Services	334,682									334,68



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINES	S IN THE STATE OF	Tonnococo				DUDING THE V	EAD 2012	NAIC Com		12902
NAIC Group Code 3477 BUSINES	3 IN THE STATE OF	Tennessee Comprehensive (H	osnital & Medical)	4	5	DURING THE Y	EAR 2012	NAIC COII	npany Code	12902
	'	2	3	1 7	3		,	O	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	33,992							0		33,992
2. First Quarter	32,555									32,555
3. Second Quarter	31,583									31,583
4. Third Quarter	30,666									30,666
5. Current Year	29,832									29,832
6. Current Year Member Months	377,381									377,381
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	37,135,708									37, 135, 708
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,135,708									37, 135, 708
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	26,649,052						.	·····		26,649,052
18 Amount Incurred for Provision of Health Care Services	27,870,440									27,870,440

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$37, 135,708



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION		
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF			ı	1	DURING THE YE		NAIC Com	pany Code	12902
	1	Comprehensive (H 2	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	186,307							84,889	2,851	98,56
2. First Quarter	205,718							91,712	20,445	93,56
3. Second Quarter	203,475							92,627	19,754	91,094
4. Third Quarter	204,207							93,964	21,391	88,852
5. Current Year	204,496							94,740	23,113	86,643
6. Current Year Member Months	2,428,821							1,112,660	215,627	1,100,534
Total Member Ambulatory Encounters for Year:										
7 Physician	2,167,960							1,802,322	365,638	
8. Non-Physician	616,209							416,874	199,335	
9. Total	2,784,169	0	0	0	0	0	0	2,219,196	564,973	(
10. Hospital Patient Days Incurred	141,526							131,570	9,956	
11. Number of Inpatient Admissions	24,805							22,711	2,094	
12. Health Premiums Written (b)	1,527,106,924							1,217,495,525	208,756,101	100,855,298
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,527,106,924							1,217,495,525	208,756,101	100,855,298
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1, 189, 847, 379							948,976,555	171,864,733	69,006,09
18 Amount Incurred for Provision of Health Care Services	1,221,010,342							954,408,351	194,433,192	72,168,799

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,527,106,925



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATION	•	
IAIC Group Code 3477 BUSINESS	IN THE STATE OF			T .	T	DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,787							0		4,78
2. First Quarter	4,854									4,854
3. Second Quarter	4,821									4,82
4. Third Quarter	4,834									4,834
5. Current Year	4,837									4,83
6. Current Year Member Months	57,801									57,80
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,270,064									5 , 270 , 064
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,270,064									5,270,064
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,685,787									3,685,78
18 Amount Incurred for Provision of Health Care Services	3,854,715									3,854,715



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Vermont				DURING THE Y	EAR 2012	NAIC Com	npany Code	12902
Side Side Side Side Side Side Side Side	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	rotai	marviada	Стоир	Сиррістені	Offiny	Only	Tiediti Bellelit Fidir	Wicalcare	Wedicald	Outer
1. Prior Year	2,238							0		2,238
2. First Quarter	2, 172									2 , 172
3. Second Quarter	2,139									2,139
4. Third Quarter	2,112									2,112
5. Current Year	2,083									2,083
6. Current Year Member Months	25,432									25,432
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,255,860									2,255,860
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						-			
15. Health Premiums Earned	2,255,860									2,255,860
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,609,388						-			1,609,388
18 Amount Incurred for Provision of Health Care Services	1,683,150									1,683,150

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____2,255,860



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATION	•	
NAIC Group Code 3477 BUSINESS	IN THE STATE OF			1	1	DURING THE Y			pany Code	12902
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,918							0		18,91
2. First Quarter	3,383									3,38
3. Second Quarter	3,384									3,38
4. Third Quarter	3,335						-			3,33
5. Current Year	3,303									3,30
6. Current Year Member Months	40,172									40,172
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0						-			
9. Total	0	0	0	0	0	C	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,748,318									3,748,318
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,748,318						.			3,748,318
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,758,139									2,758,13
18 Amount Incurred for Provision of Health Care Services	2,884,551									2,884,55

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,748,318



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Washington				DURING THE Y	EAR 2012	(LOCATION	pany Code	12902
AIC Gloup code 5477 BOSINESS	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
	·	2	3	·			·		ū	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,963							0		16,963
2. First Quarter	19,570									19,570
3. Second Quarter	19,493									19,493
4. Third Quarter	19,519									19,519
5. Current Year	19,509									19,509
6. Current Year Member Months	233,920									233,920
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	(0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,599,476									20 , 599 , 476
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,599,476						-			20,599,476
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	13,490,252									13,490,252
18 Amount Incurred for Provision of Health Care Services	14,108,541	_								14,108,541

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____20,599,476



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION		
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF				_	DURING THE YE		NAIC Com	pany Code	12902
	1	Comprehensive (H	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,493							0		4,493
2. First Quarter	5,062							351		4,711
3. Second Quarter	5,043							386		4,657
4. Third Quarter	5,053							423		4,630
5. Current Year	5,092							475		4,617
6. Current Year Member Months	60,454							4,754		55,700
Total Member Ambulatory Encounters for Year:										
7 Physician	5,569							5,569		
8. Non-Physician	1,450							1,450		
9. Total	7,019	0	0	0	0	0	0	7,019	0	C
10. Hospital Patient Days Incurred	567							567		
11. Number of Inpatient Admissions	102							102		
12. Health Premiums Written (b)	8,204,294							3,317,393		4,886,901
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,204,294							3,317,393		4,886,901
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,535,915							2,229,229		3,306,686
18 Amount Incurred for Provision of Health Care Services	6,302,995							2,844,756		3,458,239

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 3477 BUSINESS	S IN THE STATE OF					DURING THE Y			pany Code	12902
	1	Comprehensive (He		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,969							0		17,969
2. First Quarter	16,684									16,684
3. Second Quarter	16,268									16,268
4. Third Quarter	15,892									15,892
5. Current Year	15,554									15,554
6. Current Year Member Months	194,567									194,567
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,865,489									19,865,489
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	19,865,489									19,865,489
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	14,811,252									14,811,252
18 Amount Incurred for Provision of Health Care Services	15,490,086									15,490,086



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Wyoming				DURING THE Y	EAR 2012	NAIC Com	pany Code	12902
AIC Gloup Code 3477 BOSINESS	1 IN THE STATE OF	Comprehensive (H	osnital & Medical)	4	5	6	7	RAIC COIL	g I	12902
		2	3	·		Ŭ	,	Ü	3	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	867							0		867
2. First Quarter	268									268
3. Second Quarter	255									255
4. Third Quarter	260									260
5. Current Year	261									261
6. Current Year Member Months	2,915									2,915
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	258,448						-			258,448
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						-			
15. Health Premiums Earned	258,448						-			258,448
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	178,275						-	······		178,275
18 Amount Incurred for Provision of Health Care Services	186,446									186,446

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______258,448



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3477 BUSINESS	S IN THE STATE OF	American Sam	00			DURING THE YI	EAR 2012	NAIC Con	npany Code	12902
AIC Gloup Code 3477 BOSINESS	1	Comprehensive (H		4	5	6	7	8	9	12902
		2	3	i .			·	· ·	· ·	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34							0		
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0						-			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						-			
15. Health Premiums Earned	0			ļ			-			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0						-			
18 Amount Incurred for Provision of Health Care Services	0									

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

(LOCATION)

NAIO Orang Oada 0477 DUOINEOO	IN THE OTATE OF					DUDING THE V	EAD 0040	(LOCATIOI		40000
NAIC Group Code 3477 BUSINESS	IN THE STATE OF	Guam Comprehensive (Ho	appital 9 Madical)	4	5	DURING THE Y	EAR 2012	NAIC Con	npany Code 9	12902 10
	'	2	3	†	5	0	/	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7							0		7
2. First Quarter	10									10
3. Second Quarter	7									7
4. Third Quarter	9									9
5. Current Year	8									8
6. Current Year Member Months	106									106
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	C	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,471									6,471
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,471						-			6,471
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	19						-			19
18 Amount Incurred for Provision of Health Care Services	19									19



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crown Code 2477 DUCINEC	C INITHE CTATE OF	Duanta Diaa				DUDING THE VI	TAD 2010	(LOCATIOI		40000
NAIC Group Code 3477 BUSINES	S IN THE STATE OF	Puerto Rico Comprehensive (Ho	ospital & Modical)	4	5	DURING THE YI	EAR 2012	NAIC COIT	npany Code 9	12902 10
	'	2	3	7	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	91							0		9
2. First Quarter	155									155
3. Second Quarter	149									149
4. Third Quarter	154						-			154
5. Current Year	164									164
6. Current Year Member Months	1,870									1,870
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	143,336						-			143,336
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	143,336						.			143,336
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	75,053									75,053
18 Amount Incurred for Provision of Health Care Services	78,492									78,492



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX REPORT FOR: 1. CORPORATION (LOCATION)

JAIC Crown Code 2477 DUCINES		. II C Vinnin Inla				DUDING THE VI	TAD 2012	(LUCATIOI		40000
NAIC Group Code 3477 BUSINES	SS IN THE STATE OF	U.S. Virgin Islan Comprehensive (He		Δ	5	DURING THE YI	EAR 2012 7	NAIC CON	npany Code 9	12902 10
	'	2	3	1 7			,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5							0		
2. First Quarter	10									1
3. Second Quarter	6									
4. Third Quarter	5									
5. Current Year	5									
6. Current Year Member Months	81									8
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,453									6,45
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,453						.			6,45
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,107									1,10
18 Amount Incurred for Provision of Health Care Services	1,158									1,15

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

(LOCATION)

								(LOCATION	4 <i>)</i>	
NAIC Group Code 3477 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Com	pany Code	12902
	1	Comprehensive (Hos		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	942,567	0	0	0	0	0	0	86,098	2,851	853,61
2. First Quarter	765 , 169	0	0	0	0	0	0	94,085	20,445	650,63
3. Second Quarter	754 , 137	0	0	0	0	0	0	95,060	19,754	639,32
4. Third Quarter	748,778	0	0	0	0	0	0	96,480	21,391	630,90
5. Current Year	741,913	0	0	0	0	0	0	97,326	23,113	621,47
6. Current Year Member Months	9,023,887	0	0	0	0	0	0	1,141,912	215,627	7,666,34
Total Member Ambulatory Encounters for Year:										
7 Physician	2,207,108	0	0	0	0	0	0	1,841,470	365,638	
8. Non-Physician	623,916	0	0	0	0	0	0	424,581	199,335	
9. Total	2,831,024	0	0	0	0	0	0	2,266,051	564,973	
10. Hospital Patient Days Incurred	145,250	0	0	0	0	0	0	135,294	9,956	
11. Number of Inpatient Admissions	25,394	0	0	0	0	0	0	23,300	2,094	
12. Health Premiums Written (b)	2, 167, 787, 015	0	0	0	0	0	0	1,239,906,066	208,756,101	719, 124,84
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	2, 167, 787, 015	0	0	0	0	0	0	1,239,906,066	208,756,101	719,124,8
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,657,948,205	0	0	0	0	0	0	964,870,334	171,864,733	521,213,13
18 Amount Incurred for Provision of Health Care Services	1,711,096,176	0	0	0	0	0	0	971,561,449	194,433,192	545,101,53

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 4 - Bank Footnote
NONE

Schedule S - Part 5 NONE

Schedule S - Part 5 - Bank Footnote NONE

Schedule S - Part 6
NONE

Schedule S - Part 7
NONE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama 3. 4. 5. California CA 6 Colorado CO Connecticut 7. 8. _____DE District of Columbia DC 9. 10. FL Georgia GA Hawaii HI 13.ID 14.IL Indiana 15IN 16. lowaIA 17. KS Kansas ... 18. KY Kentucky 19. Louisiana LA 20. ME 21. MD Maryland 22. 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO MT 27. Montana 28. Nebraska 29. Nevada 30. New Hampshire 32. New Mexico NM 33. New York 34. North Carolina NC ND 35. North Dakota OH 36. Ohio 37. Oklahoma OK OR 38. Oregon 39. Pennsylvania 40. RI 41. South Carolina SC 42 South Dakota SD Tennessee 43 TN 44 TX Utah UT 45. 46. VirginiaVA 47. 48. Washington WA West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GUPR 54. Puerto Rico 55. U.S. Virgin IslandsVI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT 59.

				FAR	I IA-L	JE I AIL '	OF INSURANCE	: п	JLDI	ING COMPAINT 3	I O I EIVI			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Туре	If		
											of Control	Control		
											(Ownership,	is		
					Nam	e of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal		if P	ublicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting		Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD		ternational)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0901	Cigna Group		. 06-1059331 .	1591167	0000701221 . US		gna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-1072796 .	1591167	0000701221		gna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 51-0402128 .	1591167	0000701221		gna Intellectual Property, Inc	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-1095823 .	1591167	0000701221		gna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 52-0291385 .	1591167	0000701221		gna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 23-1914061 .	1591167	0000701221		rmer Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-0861092 .	1591167	0000701221		gna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-1336442 . 06-1207641	1591167 1591167	0000701221		gna Mezzanine Partners III, L.P.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
0901 0901	Cigna Group		. 06-1207641 . . 06-1336442 .	1591167	0000701221		ttage Grove Real Estate, Inc.	DE	NIA NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group		. 06-1336442 .	1591167	0000701221		gna Mezzanine Partners III, Inc.	DE		Cigna Mezzanine Partners III, Inc.	Ownership	100.000		
0901	Cigna Group		. 01-0947889 . . 06-0840391 .	1591167	0000701221		gna Benefits Financing, Incnnecticut General Corporation	DE	NIA UIP	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
			. 81-0585518 .	1591167	0000701221		nefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 01-0303310 .	1391107	0000701221		legiance Life & Health Insurance Company	MI	NIA		Owner Strip	100.000		
0901	Cigna Group	12814	20-4433475	1591167	0000701221	ΛI	regrance Life & nearth insurance company	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	12014	20-3851464	1591167	0000701221	Δ1	legiance Re. Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		81-0400550	1591167	0000701221		legiance Benefit Plan Management, Inc	MT	NIA	Benefit Management Corp.	Ownership	_100.000	Cigna Corporation	
0901	Cigna Group		71-0916514	1591167	0000701221		legiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000 .	1591167	0000701221		legiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		mmunity Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		81-0425785	1591167	0000701221		termountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		ar Point, LLC	MT	NIA	Benefit Management Corp.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		20-1821898	1591167	0000701221		althSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		76-0628370	1591167	0000701221		wQuest, LLC	TX	UDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		52-1929677	1591167	0000701221		avo Health, LLC	DE	NIA	NewQuest, LLC	Ownership	_100.000	Cigna Corporation	
0901	Cigna Group	10095	52-2259087	1591167	0000701221	Bra	avo Health Mid-Atlantic, Inc.	MD	I A	Bravo Health, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11254	52-2363406	1591167	0000701221	Bra	avo Health Pennsylvania, Inc	PA	IA	Bravo Health, LLC	Ownership	100.000	Cigna Corporation	
						Hea	althSpring Life & Health Insurance							
0901	Cigna Group	12902	20-8534298 .	1591167	0000701221		mpany, Inc.	TX		NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95781	63-0925225 .	1591167	0000701221		althSpring of Alabama, Inc	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11532	. 65-1129599 .	1591167	0000701221		althSpring of Florida, Inc	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		77-0632665 .	1591167	0000701221		wQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-4954206	1591167	0000701221		wQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-8647386	1591167	0000701221		althSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		45-2043106	1591167	0000701221		althSpring Financial Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	l	. 45-0633893 .	1591167	0000701221		wQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 75-3108527 .	1591167	0000701221		xQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 75-3108521 .	1591167	0000701221		uQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 76-0657035 . 33-1033586	1591167	0000701221		IfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	
	Cigna Group		. 33-1033586 . . 72-1559530 .	1591167	0000701221		wQuest Management of Alabama, LLC	AL TN	NIA NIA	NewQuest, LLC	Ownership	100.000 100.000	Cigna Corporation	
0901 0901	Cigna Group		62-1540621	1591167 1591167	0000701221	Hea	althSpring USA, LLCalthSpring Management, Inc.	IN	NIA NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11522	62-1593150	1591167	0000701221		althSpring of Tennessee, Inc	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11022	20-5524622	1591167	0000701221		ennessee Quest, LLC	TN	NIA		Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 20-5524622 . . 26-2353476 .	1591167	0000701221		althSpring Pharmacy Services, LLC	DE DE	NIA	NewQuest LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 26-2353476 .	1591167	0000701221		althSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	13733	03-0452349	1591167	0000701221		gna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		41-1648670	1591167	0000701221		gna Behavioral Health, Inc.		NIA	Connecticut General Corporation	Ownership.	100.000	Cigna Corporation	
					5550101E1		gna Behavioral Health of California,			- Commodition Componential				
0901	Cigna Group	I	94-3107309	1591167	0000701221		C.	CA	IA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group		75-2751090	1591167	0000701221		gna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership		Cigna Corporation	
	7 - 0 - v v v v v v v v v v v v v v v v v						gaaa vi iv/uv, iiiv				1 - · · · · · · · · · · · · · · · · · ·	,		

				PAR	(1 1A	- DE I AIL	. OF INSURANCE	: H(JLUIN	IG COMPANY S	SYSIEM		
1	2	3	4	5	6	7	8	9	10	11	12	13	14 15
											Type	lf	
											of Control	Control	
											(Ownership,	is	
						Name of Securities		D	Relation-		Board,	Owner-	
		NAIC	Codoral			Exchange if Publicly Traded	Names of	Domi- ciliary	ship to		Management,	ship	
Group		Company	Federal ID	Federal		(U.S. or	Names of Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Attorney-in-Fact, Influence,	Provide Percen-	Ultimate Controlling
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s) *
Oodc	Group Name	Oode	Number	ROOD	Olik	memationary	MCC Independent Practice Association of	tion	Littly	(Name of Entry/1 croon)	Culci)	tage	Litary(ics)/i crscii(s)
0901	Cigna Group		06-1346406	1591167	. 0000701221 .		New York, Inc.	NY	NIA C	igna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group		59-2308055 .	1591167	. 0000701221 .		Cigna Dental Health, Inc.	FL	NIA (Connecticut General Corporation	Ownership	100.000	Cigna Corporation
0901	Cigna Group		. 59-2600475 .	1591167	. 0000701221 .		Cigna Dental Health Of California, Inc	CA		Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	11175	. 59-2675861 .	1591167	. 0000701221 .		Cigna Dental Health Of Colorado, Inc			Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	. Cigna Group	95380	59-2676987	1591167	. 0000701221 .		Cigna Dental Health Of Delaware, Inc.	DE		Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	52021	. 59-1611217 . 06-1351097	1591167 1591167	. 0000701221 ₋ 0000701221		Cigna Dental Health Of Florida, Inc Cigna Dental Health of Illinois, Inc	FL		Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	52024	. 59-2625350	1591167	0000701221		Cigna Dental Health Of Kansas, Inc.	KS		Digna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	52024	59-2619589	1591167	0000701221 .		Cigna Dental Health Of Kentucky, Inc	KY		Cigna Dental Health, Inc.	Ownership		Cigna Corporation
0901	Cigna Group	11160	06-1582068	1591167	0000701221 .		Cigna Dental Health Of Missouri, Inc.	MO		Cigna Dental Health, Inc.	Ownership.		Cigna Corporation
0901	Cigna Group	11167	59-2308062	1591167	0000701221		Cigna Dental Health Of New Jersey, Inc	NJ		Signa Dental Health, Inc.	Ownership.	100.000	Cigna Corporation
	3						Cigna Dental Health Of North Carolina,			,			
0901	Cigna Group	95179	56-1803464 .	1591167	. 0000701221 .		Inc	NC	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	47805	. 59-2579774 .	1591167	. 0000701221 .		Cigna Dental Health Of Ohio, Inc	OH		Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	47041	52-1220578	1591167	0000701221 .		Cigna Dental Health Of Pennsylvania, Inc	PA		Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95037	59-2676977	1591167	0000701221		Cigna Dental Health Of Texas, Inc.	TX		Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation
0901	. Cigna Group	52617	52-2188914	1591167	. 0000701221 .		Cigna Dental Health Of Virginia, Inc.	VA		Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	47013 48119	. 86-0807222 ₋ 59-2740468 ₋	1591167 1591167	. 0000701221 . 0000701221 .		Cigna Dental Health Plan Of Arizona, Inc Cigna Dental Health Of Maryland, Inc	AZ MD		Cigna Dental Health, Inc Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	48119	62-1312478	1591167	0000701221 .		Cigna Health Corporation	DE		Signa Health Corporation	Ownership		Cigna Corporation Cigna Corporation
0901	Cigna Group		02-0387748	1591167	0000701221		Healthsource, Inc.	NH		Cigna Health Corporation	Ownership.	. 100.000	Cigna Corporation
0901	Cigna Group	95125	86-0334392	1591167	0000701221		Cigna HealthCare of Arizona, Inc.	AZ		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group		95-3310115	1591167	0000701221		Cigna HealthCare of California, Inc.	CA		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95604	84-1004500	1591167	0000701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95660	06-1141174	1591167	. 0000701221 .		Cigna HealthCare of Connecticut, Inc	CT		Healthsource, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95136	59-2089259	1591167	. 0000701221 .		Cigna HealthCare of Florida, Inc	FL		Healthsource, Inc	Ownership	100.000	Cigna Corporation
0901	. Cigna Group	95602	. 36-3385638 .	1591167	. 0000701221 .		Cigna HealthCare of Illinois, Inc.	IL		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	9547795220	. 01-0418220 . . 02-0402111 .	1591167 1591167	. 0000701221 . . 0000701221 .		Cigna HealthCare of Maine, Inc	ME		Healthsource, IncHealthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95599	52-1404350	1591167	0000701221 .		Cigna HealthCare Mid-Atlantic, Inc.	MD		leatthsource, Inc.	Ownership.	100.000	Cigna Corporation
0901	Cigna Group	95493	02-0387749	1591167	0000701221 .		Cigna HealthCare of New Hampshire, Inc	MA		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95500	22-2720890	1591167	0000701221 .		Cigna HealthCare of New Jersey, Inc.	ME		lealthsource. Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95121	23-2301807	1591167	0000701221		Cigna HealthCare of Pennsylvania, Inc.	PA		lealthsource, Inc.	Ownership.	100.000	Cigna Corporation
0901	Cigna Group	95635	36-3359925	1591167	0000701221 .		Cigna HealthCare of St. Louis, Inc.	MO	I A H	lealthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95518	62-1230908 .	1591167	. 0000701221 .		Cigna HealthCare of Utah, Inc.	UT		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	96229	. 58-1641057 .	1591167	. 0000701221 .		Cigna HealthCare of Georgia, Inc	GA		Healthsource, Inc	Ownership	100.000	Cigna Corporation
0901	. Cigna Group	95383	74-2767437 .	1591167	. 0000701221 .		Cigna HealthCare of Texas, Inc.	TX		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	. Cigna Group	95525	35-1679172 .	1591167	. 0000701221 .		Cigna HealthCare of Indiana, Inc.	IN		lealthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group _Cigna Group	95488 95606	. 11-2758941 . . 62-1218053 .	1591167 1591167	. 0000701221 . 0000701221 .		Cigna HealthCare of New York, Inc	NY TN		Healthsource, IncHealthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group	95132	56-1479515	1591167	0000701221 _		Cigna HealthCare of North Carolina, Inc	IN NC		lealthsource, Inc lealthsource. Inc.	Ownership	100.000	Cigna Corporation Cigna Corporation
0901	Cigna Group	95708	06-1185590	1591167	0000701221		Cigna HealthCare of South Carolina, Inc	SC		lealthsource. Inc.	Ownership		Cigna Corporation
	orgina droup			1001101			Temple Insurance Company Limited (Bermuda)			100 miles	Omioi omp		orgina oorporation
0901	Cigna Group		. 00-0000000 .	1591167	. 0000701221 .			BMU		Healthsource, Inc	Ownership	100.000	Cigna Corporation
0901	Cigna Group		86-3581583	1591167	0000701221 .		Arizona Health Plan, Inc.	AZ		lealthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group		02-0467679 .	1591167	. 0000701221 .		Healthsource Properties, Inc.	NH		Healthsource, Inc.	Ownership	100.000	Cigna Corporation
0901	Cigna Group		. 00-0000000 .	. 1591167	. 0000701221 .		Managed Care Consultants, Inc.	NV		igna Health Corporation	Ownership	100.000	Cigna Corporation
0901	Cigna Group		02-0515554	1591167	. 0000701221 .		Choicelinx Corporation	DE		Cigna Health Corporation	Ownership	100.000	Cigna Corporation
0901	Cigna Group	-	35-1641636	1591167	. 0000701221 .		Sagamore Health Network, Inc.	IN		Cigna Health Corporation	Ownership		Cigna Corporation
0901	Cigna Group		84-0985843	1591167	0000701221 .		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	. 100.000	Cigna Corporation

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Group Code Group N	ama	Company Code	ID Number	Federal RSSD CIK	(U.S. or International)	Parent, Subsidiaries Or Affiliates	Loca- tion	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percen- tage	Ultimate Controlling Entity(ies)/Person(s) *
0901 Cigna Group	anie	95388	93-1174749	1591167 0000701221	international)	Great-West Healthcare of Illinois, Inc	IL	Littly 1A	Cigna Healthcare Holdings, Inc.	Ownership	.100.000	Cigna Corporation
0901 Cigna Group			02-0495422	1591167 0000701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership.	100.000	Cigna Corporation
0901 Cigna Group			AA-1560515	1591167 0000701221		Cigna Life Insurance Co. of Canada	CAN	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
0901 Cigna Group		64548	13-2556568	3281743 0000701221		Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
						Connecticut General Life Insurance Company			·			
0901 Cigna Group		62308	06-0303370 .	1591167 0000701221			CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
				.					Connecticut General Life Insurance			
0901 Cigna Group			27-5402936 .	1591167 0000701221	-	CARING - Albuquerque, LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0001 Ciana Craun			06-0303370	1591167 0000701221		CC Cillette Didge IIC	DE	NIA	Connecticut General Life Insurance	Ownership	100.000	Ciana Corneration
0901 Cigna Group			74-3091940 .		-	CG Gillette Ridge, LLCGillette Ridge Apartments, LLC	DE	NIA NIA	CG Gillette Ridge LLC	Ownership	65.000	Cigna Corporation
orgina droup			17 000 1040 .	. 1001107 0000701221		arriotte illuge apartillellts, LLO	U	IVI /\	Connecticut General Life Insurance	omici sirip	000.000	
0901 Cigna Group			06-0303370 .	1591167 0000701221		CG Merrick, LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
												General Growth Properties, Inc. (non-
0901Cigna Group			52-2345309	1591167 0000701221		Merrick Park, LLC	DE	NIA	CG Merrick LLC	Ownership	30.000	affiliate)
												General Growth Properties, Inc. (non-
0901 Cigna Group			52-2225244 .	1591167 0000701221	-	Merricak Park Parking, LLC	MD	NIA	CG Merrick LLC	Ownership	30.000	affiliate)
				l					Connecticut General Life Insurance			
0901 Cigna Group			20-2542572 .		-	CG Morrison LLC	DE DE	NIA	Company	Ownership		Cigna Corporation
0901 Cigna Group			00-0000000 .	. 1591167 0000701221	-	Civic Holding, LLC	DE	NIA	CG Morrison LLC	Ownership	85.000	Cigna Corporation
0901 Cigna Group			45-3481107	1591167 0000701221		CG Mystic Center LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0901 Cigna Group			00-0000000 .		-	Station Landing Holding, LLC	DE	NIA	CG Mystic Center LLC	Ownership	85.000	Cigna Corporation
				. 100 1107 0000701221	-	otation canding nording, and			Connecticut General Life Insurance	omici di i p		
0901Cigna Group			45-3481241	1591167 0000701221		CG Mystic Land LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
												Cigna Corporation and ND Mystic
0901 Cigna Group			00-0000000 .	. 1591167 0000701221	-	ND/CG HOLDING, LLC	MA	NIA	CG Mystic Land LLC	Ownership	50.000	Center Holding LLC (non-affiliate)
									Connecticut General Life Insurance			
0901 Cigna Group			58-2455703 .	1591167 0000701221	-	CG Pinnacle, LLC	DE	NIA	Company	Ownership		Cigna Corporation
0901 Cigna Group			00-0000000 .	. 1591167 0000701221	-	Pinnacle Industrial Center, LP	TX	NIA	CG Pinnacle LLC	Ownership	50.000	Cigna Corporation
0901 Cigna Group			20-3870049	1591167 0000701221		CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance	Ownership	100.000	Cigna Corporation
			00-0000000 .		-	Skyline ND/CG LLC	MA MA	NIA	CG Skyline LLC	Ownership	85.000	Cigna Corporation
0901 Cigna Group			00-0000000	1591167 0000701221		ND Mystic Center Note LLC	DE	NIA	Skyline ND/CG LLC	Ownership		Cigna Corporation
0901 Cigna Group			00-0000000 .	1591167 0000701221		Skyline Mezzanine Borrower LLC	MA	NIA	Skyline ND/CG LLC	Ownership		Cigna Corporation
0901 Cigna Group			00-0000000 .	. 1591167 0000701221		Skyline at Station Landing LLC	MA	NIA	Skyline Mezzanine Borrower LLC	Ownership	100.000	Cigna Corporation
									Connecticut General Life Insurance			
0901 Cigna Group			26-0180898 .	1591167 0000701221		CareAllies, LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0004			00 0000000	4504407 0000704004		Owner Dr. and LLD	DE	ALLA	Connecticut General Life Insurance	O manaki	FO 400	Oi and Our and time
0901 Cigna Group			00-0000000 .	. 1591167 0000701221	-	Carson Bayport LP	UE	NIA	Company	Ownership	59.400	Cigna Corporation
0901Cigna Group			00-0000000	1591167 0000701221		CG Bayport LLC	DE	NIA	Connecticut General Life Insurance	Ownership	75.000	Cigna Corporation
0901 Cigna Group			00-0000000		-	Bayport Colony Apartments LLC	FL	NIA	CG Bayport LLC	Ownership		Cigna Corporation
						Sayport outony repartments LEO	6		Connecticut General Life Insurance			
0901 Cigna Group			00-0000000 .	1591167 0000701221		CG Shirlington LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0901 Cigna Group			00-0000000 .			Shirlington Apartments LLC	DE	NIA	CG Shirlington LLC	Ownership	60.000	Cigna Corporation
									Connecticut General Life Insurance	·		
0901 Cigna Group			00-0000000 .	. 1591167 0000701221	-	CG Wheaton LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0004			00 000000	1501107		00 1 104 5	D.E.		Connecticut General Life Insurance		75 000	
0901Cigna Group			00-0000000 .	1591167 0000701221		CG-LINA Bayport LLC	DE	NI A	Company	Ownership	75.000	Cigna Corporation

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						Name of Securities			Relation-		Board,	Owner-	
						Exchange		Domi-	ship		Management,	ship	
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s) *
										Connecticut General Life Insurance			
	Cigna Group		. 00-000000 .	1591167	0000701221 .		G-LINA Colonial LLC	DE	NI A	Company	Ownership	75.000	Cigna Corporation
0901	Cigna Group		. 00-000000 .	. 1591167	0000701221 .		D/CG Colonial LLC	MA	NI A	. CG-LINA Colonial LLC	Ownership	75.000	Cigna Corporation
0901	Cigna Group		. 00-0000000 .	. 1591167	0000701221 .	. PI	HF-ND Colonial LLC	DE	NIA	ND/CG Colonial LLC	Ownership	50.000	Cigna Corporation
										Connecticut General Life Insurance		75 000	
0901	Cigna Group		26-1133516 .	1591167	0000701221 .		G-LINA Commonwealth LLC	DE	NIA	Company	Ownership	75.000	Cigna Corporation
0901	Cigna Group		. 00-000000 .	1591167	0000701221		NICO/CG Commonwealth LLC	DE	NIA	CG-LINA Commonwealth LLC	Ownership	80.000	Cigna Corporation
0901	Cigna Group		. 00-0000000 .	1591167	0000701221	. Ci	ommonwealth Acquistion LLC	DE	NIA	Unico / CG Commonwealth LLC	Ownership	. 100.000	Cigna Corporation
0004	Ciana Craun	1	26-1585711 .	1591167	0000701221		G-LINA Jacob Way LLC	DE	NIA	Connecticut General Life Insurance	Ownership	75 000	Ciana Corneration
0901	Cigna Group		20-1080/11 .	/011861	0000/01221.		U-LINA JACOD WAY LLC	IVE	NIA	CompanyConnecticut General Life Insurance	Owner sarp	75.000	Cigna Corporation
0901	Cigna Group	1	20-8323494 .	1591167	0000701221	0	G-LINA Lovejoy LLC	DE	NIA	Company	Ownership	75.000	Cigna Corporation
	Cigna Group		. 00-0000000 .	1591167	0000701221 .		NICO-CG Lovejoy LLC	OR	NIA	CG-LINA Lovejoy, LLC	Ownership		Cigna Corporation
0001			. 00 0000000 .	. 1001107	0000701221		NIOO OO LOVEJOY LLO			Connecticut General Life Insurance	Owner Sirry	000.000	orgina corporation
0901	Cigna Group		32-0222252 .	1591167	0000701221	c	igan Onsite Health, LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0001	Jorgha aroup		OL OLLLLOL .	1001107	0000701221	.	rgan onerte nearth, LLO			Connecticut General Life Insurance	Office 3111p		Charles River Realty Longwood, LLC
0901	Cigna Group		00-0000000	1591167	0000701221	C	R Longwood Investors L.P.	DE	NIA	Company	Ownership.	24.600	(non-affiliate)
	Cigna Group		00-0000000	1591167	0000701221		D/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership.	95.000	Cigna Corporation
	- 9.18 6. 64P						5, o. 2019.000 220			0.1 20.1g#000 11.1001010 2.1.1			RE-MA Region No. 41, LLC (non-
0901	Cigna Group		00-000000	1591167	0000701221	AF	RE/ND/CR Longwood LLC	DE	NI A	ND / CR Longwood LLC	Ownership	35.000	affiliate)
	3									Connecticut General Life Insurance	'		,
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .	G	illette Ridge Community Council, Inc.	CT	NIA	Company	Ownership	100.000	Cigna Corporation
										Connecticut General Life Insurance	·		
0901	Cigna Group		20-3700105 .	1591167	0000701221 .	G	illette Ridge Golf, LLC	DE	NIA	Company	Ownership	60.000	Cigna Corporation
										Connecticut General Life Insurance			
0901	Cigna Group		52-2149519 .	1591167	0000701221 .	. Ha	azard Center Investment Company LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
										Connecticut General Life Insurance			South Coast Plaza Associates, LLC
0901	Cigna Group		. 00-0000000 .	. 1591167	0000701221 .	Se	econ Properties, LP	CA	NI A	Company	Ownership	50.000	(non-affiliate)
						_				Connecticut General Life Insurance			
0901	Cigna Group		. 00-0000000 .	. 1591167	0000701221 .	. Te	eal Rock 501 Grant Street GP, LLC	DE	NIA	Company	Ownership	56.273	Cigna Corporation
0004	0:		00 0000000	4504407	0000704004	-	I D I. 504 O I D	DE	ALLA	Connecticut General Life Insurance	0h:	FF 740	0:
0901	Cigna Group		. 00-0000000 .	. 1591167	0000701221 .	10	eal Rock 501 Grant Street, LP	DE	NIA	Company Connecticut General Life Insurance	Ownership	10	Cigna Corporation
0001	Cigna Group	1	23-3074013	1591167	0000701221		EL DDUC of Bonnovivonio L. L. C	PA	NIA		Ownership	100.000	Ciana Corneration
0901	Cigna Group			/011861	0000701221		EL-DRUG of Pennsylvania, L.L.C	PA	NI A	CompanyConnecticut General Life Insurance	Uwrier Snip	. 100.000	Cigna Corporation
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .	Δ	EW/FDG, LP	DE	NI A	Company	0wnership	56 250	Cigna Corporation
1 0801	Torgila droup		. 00-000000 .	. 1391107	0000701221		EII/FDG, EF		NI /\	Connecticut General Life Insurance	Owner Sirrp		Cigna corporation
0901	Cigna Group	1	. 00-0000000 .	1591167	0000701221 .	G	R Washington Investors LP	DE	NIA	Company	Ownership.	56.250	Cigna Corporation
				. 1001107			" "uommyton mitostoro Li			Connecticut General Life Insurance	O		
0901	Cigna Group		00-0000000 .	1591167	0000701221	N	D/CR Unicorn LLC	DE	NIA	Company	Ownership	.56,250	Cigna Corporation
]						Connecticut General Life Insurance]
0901	Cigna Group		00-0000000	1591167	0000701221	U1	nion Wharf Apartments LLC	MD	NIA	Company	Ownership	56.250	Cigna Corporation
							• • • • • • • • • • • • • • • • • • • •			Connecticut General Life Insurance			- ,
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .	AI	MD Apartments Limited Partership	TX	NIA	Company	Ownership	56.250	Cigna Corporation
	-									Connecticut General Life Insurance			
0901	Cigna Group		. 00-0000000 .	. 1591167	0000701221 .	SI	P Newport Crossing LLC	DE	NIA	Company	Ownership	56.250	Cigna Corporation
		1								Connecticut General Life Insurance			
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .	PI	UR Arbors Apartment Venture LLC	CA	NIA	Company	Ownership	35.000	Cigna Corporation
		1								Connecticut General Life Insurance			
0901	Cigna Group		00-0000000	1591167	0000701221	C(G Seventh LLC	CA	NIA	Company	Ownership	35.000	Cigna Corporation

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						Name of Securities			Relation-		Board,	Owner-	
						Exchange		Domi-	ship		Management,	ship	
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s) *
Oodo	Group Hamo	0000	Hamboi	ROOD	Oiix	momationary	OT / timates	11011	Littley	Connecticut General Life Insurance	Guiery	lage	Entity(1889)/1 Green(8)
0001	Cigna Group		. 00-0000000 .	1591167	. 0000701221 .		Ideal Properties II LLC	CA	NIA	Company	Ownership	35,000	Cigna Corporation
1 0001	orgina droup		. 00 0000000 .		. 0000701221 .		Tuear Troperties II LLO	0/1	INI /\	Connectict General Life Insurance Company	Owner strip		. Orgina corporation
0901	Cigna Group		41-2189110	1591167	0000701221		CG-LINA Realty Investors LLC	DE	NIA	Confidential Life insulance company	Ownership	75.000	Cigna Corporation
	Cigna Group		80-0668090	1591167	0000701221		CG-LINA Alessandro II LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership.	. 100.000	Cigna Corporation
	Cigna Group		45-2242273	1591167	0000701221		115 Sansome Street Associates, LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership	90.000	Cigna Corporation
			. 45-2242273 . 00-0000000 .	1591167	0000701221 .			DE			Ownership		Cigna Corporation
	Cigna Group		. 00-0000000 .	1591167	0000701221		121 Tasman Apartments LLC	WA	NIA	CG-LINA Realty Investors, LLC	Ownership	85.000	
	Cigna Group						Alto Apartments LLC		NIA	CG-LINA Realty Investors, LLC		80.000	Cigna Corporation
0901	Cigna Group		20-4786821	1591167	. 0000701221 .		CG-LINA Paper Box LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership	100.000	Cigna Corporation
0004	0.		00 4000010	1501107	000070400		00 1 111 40 5 111	DE		Connecticut General Life Insurance		75 000	
1990	Cigna Group		. 26-4032640 .	1591167	. 0000701221 .		CG-LINA 10 Brookline, LLC	DE	NI A	Company	Ownership	75.000	Cigna Corporation
								l					Cigna Corporation and CR/ND Brookline
0901	Cigna Group		. 00-0000000 .	. 1591167	. 0000701221 .		ND/CR 10 Brookline LLC	DE	NIA	CG-LINA 10 Brookline LLC	Ownership	50.000	LLC (non-affilicate)
							Cigna Affiliates Realty Investment Group,			Connectict General Life Insurance Company			
<u></u> 0901	Cigna Group		27-5402196	1591167	. 0000701221 .		LLC	DE	NIA		Ownership	100.000	Cigna Corporation
										Connecticut General Life Insurance			
0901	Cigna Group		06-0303370	1591167	0000701221 .		Cigna Dulles Town, LLC	DE	NIA		Ownership	100.000	Cigna Corporation
0901	Cigna Group		. 00-0000000	1591167	. 0000701221 .		Dulles Town Center Mall, LLC	VA	NIA	Cigna Dulles Town, LLC	Ownership	50.000	Cigna Corporation
										Connecticut General Life Insurance			
0901	Cigna Group		27-0268530 .	1591167	. 0000701221 .		CORAC, LLC	DE	NI A	Company	Ownership	50.000	Cigna Corporation
0901	Cigna Group		27-3923999	1591167	. 0000701221 .		Bridgepoint Office Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	100.000	Cigna Corporation
0901	Cigna Group		27-3126102	1591167	. 0000701221 .		Fairway Center Associates, LLC	DE	NIA	Corac, LLC	Ownership	100.000	Cigna Corporation
0901	Cigna Group		27-3582688	1591167	0000701221		Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation
							,			Connectict General Life Insurance Company	·		
0901	Cigna Group	67369	59-1031071	1591167	0000701221		Cigna Health and Life Insurance Company	CT	I A	, ,	Ownership	100.000	Cigna Corporation
	Cigna Group		45-2681649	1591167	0000701221		CarePlexus. LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	.100.000	Cigna Corporation
	Cigna Group		27-3396038	1591167	0000701221		Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation
	Cigna Group		27-1903785	1591167	0000701221		Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership		Cigna Corporation
	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA		Ownership		Cigna Corporation
	orgina droup						American Retirement Life Insurance Company			orgina mourtin and Erro mourands company	omior orrip.		Jorgila corporation
0901	Cigna Group	88366	59-2760189				Third roan not it office the inear and company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation
	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation
	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership		Cigna Corporation
	orgina droup	00722	. 00 0040420 .				Provident American Life and Health			orgina mearth and tire modifiance company .	Owner strip	100.000	Torgila corporation
0001	Cigna Group	67903	23-1335885				Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100 000	Cigna Corporation
ו טפע	orgina droup	01800		-			Thou and company	vn	I M	Provident American Life and Health	O#1161 9111b		- orgina ourporation
0001	Cigna Group	65269	75 2205400				United Bonefit Life Incurence Commen	OH	1.4		Ownership	100 000	Cigna Corporation
		00209	. 75-2305400 . . 23-1728483 .	1591167	0000701221		United Benefit Life Insurance Company	DE	IA NIA	Insurance Company	Ownership		
	Cigna Group		. 23-1/28483 . 20-8064696 .	1591167	0000701221 .		Cigna Health Management, Inc	DE		Connecticut General Corporation	Ownership	100.000	Cigna Corporation
	Cigna Group	05400					Kronos Optimal Health Company		NIA	Connecticut General Corporation		100.000	Cigna Corporation
0901	Cigna Group	65498	23-1503749	1591167	. 0000701221 .		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
0004	0:		00 0000000	4504407	0000704004		Cigna & CMC Life Insurance Company Limited	OLIN.	1.4	Life Learning One or of North 1	O manuful.	FO. 000	0:
	Cigna Group		00-0000000	1591167	0000701221		(China) (50%)	CHN	IA		Ownership	50 . 000	Cigna Corporation
	Cigna Group		. 00-0000000 .	1591167	0000701221 .		LINA Life Insurance Company of Korea		IA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation
0901	Cigna Group		. 58-1136865 .	1591167	. 0000701221 .		Cigna Direct Marketing Company, Inc	DE	NI A		Ownership	. 100.000	Cigna Corporation
			1							Connecticut General Life Insurance			
	Cigna Group		. 46-0427127 .	1591167	. 0000701221 .		Tel-Drug, Inc.	SD	IA		Ownership	100.000	Cigna Corporation
	Cigna Group		_ 00-0000000 _	. 1591167	. 0000701221 .		Vielife Holdings Limited (United Kingdom) .	GBR	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
	Cigna Group		_ 00-0000000 _	. 1591167	. 0000701221 .		Vielife Limited (United Kingdom)	GBR	NIA		Ownership	100.000	Cigna Corporation
	Cigna Group		98-0463704	1591167	. 0000701221 .		Vielife Services, Inc.	DE	NIA		Ownership	100.000	Cigna Corporation
0901	Cigna Group			1591167	0000701221 .		Businesshealth UK Limited	GBR	NIA		Ownership		Cigna Corporation
0901	Cigna Group		06-1332403	1591167	0000701221 .		CG Individual Tax Benefits Payments, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation

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-	_				_		_				Type	lf		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0901	Cigna Group		06-1332405	1591167	0000701221		CG Life Pension Benefits Payments, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1724116 .	1591167	0000701221 .		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2741293 .	1591167	0000701221 .		Cigna Healthcare Benefits, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2924152 .	1591167	0000701221 .		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2741294 .	1591167	0000701221 .		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1071502 .	1591167	0000701221 .		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1522976	1591167	0000701221 .		Blodget & Hazard Limited		NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1567902 .	1591167	0000701221 _		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0004			00 4050440	1501107	000070406:		Connecticut General Benefit Payments, Inc.	DE				400 000	l	
0901	. Cigna Group			1591167	0000701221 .			DE	NIA	Connecticut General Corporation	Ownership		Cigna Corporation	
0901	Cigna Group		06-1533555 .	1591167	0000701221 .		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	. Cigna Group		35-2041388 .	1591167	0000701221 .		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	. Cigna Group		06-1252418 .	1591167	0000701221 .		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		88-0334401 .	1591167	0000701221 .		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		88-0344624 ₋ 51-0389196 ₋	1591167 1591167	0000701221 ₋ 0000701221 ₋		Universal Claims Administration	MI DE	NIA	Mediversal, Inc	Ownership	100.000	Cigna Corporation	
	Cigna Group		51-0389196	1591167	0000701221 _		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc Cigna Global Holdings, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group			1591167	0000701221 .		Cigna International Corporation, Inc	DE	NIA NIA		Ownership			
10801	Cigna Group		23-2010178 .	1091107	0000701221		Cigna International Services Cigna International Marketing (Thailand)	UE	NIA	Cigna Global Holdings, Inc.	Owner Sn Ip	100.000	Cigna Corporation	
0901	Cigna Group		30-3087621	1591167	0000701221		Limited	THA	NIA	Cigna Global Holdings, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000 .	1591167	0000701221		CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership.	99.780	Cigna Corporation	
	Cigna Group		00-0000000 .	1591167	0000701221		YCFM Services LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership.		Cigna Corporation	
0301	orgila di dup		00 0000000 _	. 1001107	0000701221		Cigna Global Reinsurance Company, Ltd.		INI /\	orgina drobar nordings, mc	Owner Sirrp		. Orgina corporation	
0901	Cigna Group		98-0210110	1591167	0000701221		(Bermuda)	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-3009279	1591167	0000701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Hayat Sigorta, A.S.	JUR	IA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000 .	1591167	0000701221		Cigna Nederland Alpha Cooperatief U.A	NLD	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Beta B.V.	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Gamma B.V.	. NLD	NIA	Cigna Nederland Beta B.V.	Ownership	.100.000	Cigna Corporation	
	3						Cigna Life Insurance Co. of Europe S.A				,		1	
0901	Cigna Group		AA-1240009 .	1591167	0000701221		N. V.	BEL	IA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Europe Insurance Company S.AN.V.	BEL	IA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000 .	1591167	0000701221 .		Cigna European Services (UK) Limited	GBR	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000 .	1591167	0000701221 .		CIGNA 2000 UK Pension LTD		NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000	1591167	0000701221 .		Cigna Health Solution India Pvt. Ltd	JND	NIA	Cigna Holdings Overseas, Inc	Ownership	99.999	Cigna Corporation	
							Cigna International Services Australia Pty							
0901	Cigna Group		00-0000000 .	. 1591167	0000701221 .		Ltd	AUS	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000 .	. 1591167	0000701221 .		Cigna Apac Holdings Limited (New Zealand)	NZL	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	
							Cigna Life Insurance New Zealand Limited							
0901	Cigna Group		00-0000000 .	1591167	0000701221 .		(New Zealand)	NZL	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	
							Cigna Taiwan Life Assurance Company							
0901	Cigna Group		00-0000000 .	1591167	0000701221 .		Limited	JWN	IA	Cigna Apac Holdings Limited	Ownership	. 100.000	Cigna Corporation	
							Cigna Taiwan Life Insurance Company						l.,	
0901	. Cigna Group		00-0000000 .	. 1591167	0000701221 .		Limited (New Zealand)	NZL	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	
901	Cigna Group		00-0000000 .	. 1591167	0000701221 .		Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	
0001	0:		00 0000000	4504467	000070400		Cigna Data Services (Shangai) Company	01.11	A	Cigna Hong Kong Holdings Company Limited		400 000	0:	
0901	Cigna Group		00-0000000 .	. 1591167	0000701221 .		Limited (China)	CHN	NIA	Oi II K II-I-II O II- II-II	Ownership	100.000	Cigna Corporation	
0004	0: 0	1	00 0000000	1501107	0000704004		Cigna HLA Technology Services Limited	LIVA	ALL A	Cigna Hong Kong Holdings Company Limited		100 000	Cirro Corroration	
<u>0901</u>	Cigna Group		00-0000000 _	159116/	0000701221 _		(Hong Kong)	HKG	NIA		Ownership	. 100.000	Cigna Corporation	

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											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
						·	Cigna Worldwide General Insurance Company			Cigna Hong Kong Holdings Company Limited	·			
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .		Limited	HKG	IA		Ownership	97.500	Cigna Corporation	
	-						Cigna Worldwide Life Insurance Company			Cigna Hong Kong Holdings Company Limited				
0901	Cigna Group		. 00-0000000 .	1591167	0000701221 .		Limited	HKG	IA		Ownership	97.500	Cigna Corporation	
0901	Cigna Group		00-0000000 .	1591167	0000701221 .		PT GAR Indonesia	JDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99 . 160	Cigna Corporation	
	Cigna Group		00-0000000	1591167	0000701221		PT PGU Indonesia	JDN	NIA	PT GAR Indonesia	Ownership.	99.990	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		RHP (Thailand) Limited	THA	NIA	Cigna Holdings Overseas, Inc.	Ownership	49.000	Cigna Corporation	
	0						Cigna Brokerage Services (Thailand)			3				
0901	Cigna Group		00-0000000	1591167	0000701221		Limited	AHT	NIA	Cigna Holdings Overseas, Inc	Ownership	25 000	Cigna Corporation	
	- 0 2 %p						Cigna Non-Life Insurance Brokerage							
0901	Cigna Group		00-000000	1591167	0000701221 .		(Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75 000	Cigna Corporation	
	Cigna Group		00-000000	1591167	0000701221 .		KDM (Thailand) Limited (Thailand)	THA	NIA	RHP Thailand Limited	Ownership		Cigna Corporation	
	Cigna Group			1591167	0000701221		Cigna Insurance Public Company Limited	THA	IA		Ownership.		Cigna Corporation	
5001	orgina aroup			. 100 1107	0000701221		Cigna Global Insurance Company Limited			The field Elimitod	01110101117		orgina corporation	
0901	Cigna Group		00-0000000	1591167	. 0000701221 .		(Guernsey)	GGY	IA	Cigna Holdings Overseas, Inc	Ownership	99 000	Cigna Corporation	
	Cigna Group		00-0000000	1591167	0000701221		Vanbreda International NV (Brussels)	BEL	NIA	Cigna Holdings Overseas, Inc.	Ownership	99 990	Cigna Corporation	
5501	orgina aroup		. 00 0000000 _	. 1001107	0000701221		Vanbreda International Sdn. Bhd. (Malaysia)	DLL		orgina norumiga overseas, me.	Office 3111p		orgina corporation	
0001	Cigna Group		00-0000000	1591167	0000701221		Vanbreda International Can. Bila. (maraysta)	MYS	NIA	Vanbreda International N.V.	Ownership	100 000	Cigna Corporation	
	orgina droup		. 00 0000000 .	. 1001107	0000701221 .		Vanbreda International (Beijing)		INI //	vanbreda international N.V.	Owner Strip		orgina corporation	
							Consultants and Administrators Co., Ltd							
0001	Cigna Group		00-0000000	1591167	0000701221 .		(China)	CHN	NIA	Vanbreda International N.V.	Ownership	100,000	Cigna Corporation	
	Cigna Group		00-0000000 .	1591167	0000701221 .		Vanbreda International, LLC (FL)	FL	NIA	Vanbreda International N.V.	Ownership		Cigna Corporation	
0901	orgina droup		. 00-000000 .	. 1391107	0000701221 .		Vanbreda International (Dubai) Limited	Γ⊾		Valibreda Titternational N.V.	Owner Sirrp	100.000	Cigna Corporation	
0001	Cigna Group		00-0000000	1591167	0000701221 .		(United Arab Emirates)	ARE	NIA	Vanbreda International N.V.	Ownership	100,000	Cigna Corporation	
	Cigna Group	90859	23-2088429	1591167	0000701221 .		Cigna Worldwide Insurance Company	DE	INI A	Cigna Global Reinsurance Company, Ltd	Ownership		Cigna Corporation	
	Cigna Group	90009	AA-5360003	1591167	0000701221 .		PT. Asuransi Cigna (Indonesia) (80%)	JDN	IA	Cigna Worldwide Insurance Company	Ownership		Cigna Corporation	
			00-0000000	. 1591167	0000701221 .			GBR	NIA		Ownership			
	Cigna Group		00-0000000	1591167	0000701221 .		FirstAssist Group Holdings Limited (UK) FirstAssist Group Limited (UK)	GBR	NIA	Cigna Holdings Overseas, Inc FirstAssist Group Holdings Limited	Ownership		Cigna Corporation Cigna Corporation	
	Cigna Group		. 00-0000000 .	1591167	0000701221 .		FirstAssist Administration Limited (UK)	GBR	NIA NIA	Cigna Holdings Overseas, Inc.	Ownership		Cigna Corporation	
	Cigna Group		. 00-0000000 .	1591167	0000701221 .			GBR		FirstAssist Group Limited	Ownership		Cigna Corporation	
			. 00-0000000 .	1591167	0000701221 .		Brighter Business Limited (UK)	GBR	NIA IA		Ownership			
0901	Cigna Group		. 00000000 .	. 109110/			FirstAssist Legal Protection Limited (UK)	UDH	IA	FirstAssist Group Limited	Owner Strip	100.000	Cigna Corporation	
0001	Ci C		00-0000000	1591167	0000701221		FirstAssist Insurance Services Limited	GBR	1.4	Finathasiat Cassa Limited	Ownership	100,000	Cigna Corporation	
0901	Cigna Group		. 00000000 .	. 109110/	0000/01221 .		(UK)	אמע	IA	FirstAssist Group Limited	Owner Ship	100.000	Orgna Corporation	
0004	0:		00 0000000		1		Market Otal A Basidantial Heldin 110	DE	NILA	Cigna Affiliates Reality Investment	0	05 000	0:	
	Cigna Group		. 00-000000 .				Market Street Residential Holdings LLC	DE	NIA	Group LLC	Ownership		Cigna Corporation	
	Cigna Group		. 00-0000000 .				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	
0001	0:		00 0000000		1		Market Otal A Data in Hall	DE	NIZ A	Cigna Affiliates Reality Investment	0	400 000	0:	
	Cigna Group		. 00-000000 .				Market Street Retail Holdings LLC	DE	NIA	Group LLC	Ownership			
0901	Cigna Group		. 00-0000000 .				Market Street South LLC	DE	NIA	Market Street Retail Holdings LLC	Ownership	100.000	Cigna Corporation	
0004	0: 0		00 0000000		1		D: 1: T 01 00 11 0	DE .		Cigna Affiliates Reality Investment		00.000		
0901	Cigna Group		. 00-0000000 .				Diamondview Tower CM-CG LLC	DE	NIA	Group LLC	Ownership	90.000	Cigna Corporation	
			-	-										

Asterisk	Explanation

42

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1059331	Cigna Corporation	671,000,000				(3,639,145)				667,360,855	
	06-1072796	Cigna Holdings, Inc.	869,000,000	(4,367,572,720)			. , , , , ,			l	(3,498,572,720)	
	23-1914061	Former Cigna Investments, Inc					30,773,801			l	30,773,801	
	06-0861092	Cigna Investments. Inc.					9,301,080				9,301,080	
		Cigna Benefits Financing, Inc.					1,967,136				1,967,136	
	06-0840391	Connecticut General Corporation	14,000,000	(2,300,000)			(9,054)				11,690,946	
		Benefit Management Corp.		2,500,000			(0,00.)				2,500,000	
12814		Allegiance Life & Health Insurance Company		,,,,,,,								
				(2,500,000)			(12,712,079)	(1,875,057)			(17,087,136)	1,459,189
	. 20–3851464	Allegiance Re, Inc.					0.040.504				0	
		Allegiance Benefit Plan Management, Inc					3,048,521				3,048,521	
		Allegiance COBRA Services, Inc.					11,781			 	11,781	
		Allegiance Provider Direct, LLC									0	
		Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					109,853			 	109,853	
		Star Point, LLC					509,781				509,781	
		HealthSpring, Inc.	(50,000,000)	3,857,020,380			(154,381,269)				3,652,639,111	
		Bravo Health, LLC					204,738,102				204,738,102	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(34,705,020)				(34,705,020)	
11254		Bravo Health Pennsylvania, Inc.					(147,363,693)				(147,363,693)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(190,915,505)				(190,915,505)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(52,299,068)				(52,299,068)	
		HealthSpring of Florida, Inc.					(117,341,247)				(117,341,247)	
		NewQuest Management of Illinois, LLC					20,220,474				20,220,474	
		NewQuest Management of Florida, LLC					120,894,149				120,894,149	
		HealthSpring Management of America, LLC					240,372,035				240,372,035	
	33-1033586	NewQuest Management of Alabama, LLC					64,458,081				64.458.081	
	72-1559530	HealthSpring USA, LLC					8,993,924			T	8,993,924	
	62-1540621	HealthSpring Management, Inc.					124,563,025				124,563,025	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(125,980,676)			<u> </u>	(125,980,676)	
13733	03-0452349	Cigna Arbor Life Insurance Company					(14,292,064)	(27,463,664)			(41,755,728)	1,411,608,622
10,00	41-1648670	Cigna Behavioral Health, Inc.	(75,000,000)				47,056,753				(27,943,247)	, , , , , , , , , , , , , , , , ,
		Cigna Dental Health, Inc.	(39,865,116)				38,810,728			<u> </u>	(1,054,388)	
	59-2600475	Cigna Dental Health Of California, Inc	(12,000,000)				(132, 154)			<u> </u>	(12, 132, 154)	
		Cigna Dental Health Of Colorado, Inc.	(1,250,000)				(969,227)				(2,219,227)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(13,356)			1	(13,356)	
	59-1611217	Cigna Dental Health Of Florida, Inc.	(8,000,000)				(3,678,228)			<u> </u>	(11,678,228)	
		Cigna Dental Health Of Kansas, Inc.	(200,000)				(173,975)				(373,975)	
		Cigna Dental Health Of Kentucky, Inc.	(200,000)				(128.519)			†	(328,519)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc	(750,000)				(602,967)			<u> </u>	(1,352,967)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc	(1,700,000)				(1,423,570)				(3, 123, 570)	
	56-1803464	Cigna Dental Health Of North Carolina.					(1,720,370)			†		
		Inc.					(522,068)				(522,068)	
1	1	1110.			L	L	L(JZZ , UUO)	L		4	(024 . 000 / L	

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PART 2	- SUMMAF	KY OF INS	OKEK'S	IKANSAC	CTIONS WI	IIH ANY A	appilli	AIE5		
1	2	3	4	5	6 Purchases, Sales or Exchanges of	7 Income/ (Disbursements) Incurred in Connection with	8	9 Income/	10	11 Any Other Material	12	13 Reinsurance Recoverable/
NAIC					Loans, Securities, Real Estate,	Guarantees or Undertakings for	Management	(Disbursements) Incurred Under		Activity Not in the Ordinary Course of		(Payable) on Losses and/or
Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Mortgage Loans or Other Investments	the Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Reserve Credit Taken/(Liability)
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,775,000)			```	(981,482)	<u> </u>			(2,756,482)	` *
	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.									` ' ' '	
			(1,486,995)				(602,700)				(2,089,695)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,472,889)				(3,627,626)				(11,100,515)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(704,012)				(1,804,012)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	, , ,								, , ,	
			(3,400,000)				(103.815)				(3.503.815)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc	(2,800,000)				(1,319,827)				(4,119,827)	
	62-1312478	Cigna Health Corporation	(14, 100, 000)	(5, 155, 419)							69,897,741	
	02-0387748	Healthsource, Inc.	(11, 100, 000)	(0,100,110)			(5,810,575)				(5,810,575)	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	(5,000,000)	155,419			(32,925,857)	(457,808)			(38,228,246)	1,630,274
00120	95-3310115	Cigna HealthCare of California, Inc.	(0,000,000)				(57,422,647)	1,673,926			(55,748,721)	8,872,587
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	(2,000,000)				(1,534,864)				(2,707,063)	202,646
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(2,000,000)				(4,625,985)	14,940			(4,611,045)	26,628
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(828,850)	(60,251)			(4,011,043)	109,259
95602	36-3385638	Cigna HealthCare of Illinois. Inc.					(286.052)	(19,650)			(305.702)	17.745
95477	01-0418220	Cigna HealthCare of Maine, Inc.	(5,000,000)				1.478	(13,030)			(4,998,522)	17,743
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	(1,400,000)				9.318	(71)			(1,390,753)	64
95220	52-1404350	Cigna HealthCare Mid-Atlantic, Inc	(2,500,000)				(15,539)	(11)			(2,515,539)	04
	02-0387749	Cigna HealthCare of New Hampshire, Inc	(2,500,000)				30,767				(2,515,539)(469,233)	
	22-2720890	Cigna HealthCare of New Jersey, Inc	(300,000)				(44,292)	(39,410)			(83,702)	35,590
95500	23-2301807	Cigna HealthCare of Pennsylvania, Inc					(16,062)	(39,410)			(16,062)	33,390
95121	36-3359925		(2,000,000)					(99.942)	-		(2,869,476)	15,113
	62-1230908	Cigna HealthCare of St. Louis, Inc.	(2,000,000)				(769,533) 12,763	(99,942)			(2,869,476)	13, 113
		Cigna HealthCare of Utah, Inc.						170,755				79,605
	58-1641057	Cigna HealthCare of Georgia, Inc.	(0.000.000)				(850,021)				(679,266)	
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(3,000,000)				(11,071,786)	(338,548)			(14,410,334)	1,456,330
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	(500,000)				(194,637)	(10,930)			(705,567)	9,870
95488	. 11-2758941	Cigna HealthCare of New York, Inc					(37,955)	770 040			(37,955)	000 005
95606	62-1218053	Cigna HealthCare of Tennesee, Inc.	(3,000,000)				(7,301,281)	770,210			(9,531,072)	928,605
	56-1479515	Cigna HealthCare of North Carolina, Inc	(5,000,000)				(4,599,772)	(192,452)			(9,792,224)	512,033
95708	06–1185590	Cigna HealthCare of South Carolina, Inc	(1,000,000)				(258,500)	(17,844)			(1,276,344)	16,114
	. 00-0000000	Temple Insurance Company Limited (Bermuda)										
							(43,525)				(43,525)	
	35-1641636	Sagamore Health Network, Inc.					1,146,753				1,146,753	
95388	93–1174749	Great-West Healthcare of Illinois, Inc					(702)				(702)	
	AA-1560515	Cigna Life Insurance Co. of Canada	(2,000,000)				(11,316,857)	(484,833)			(13,801,690)	
64548	13-2556568	Cigna Life Insurance Company of New York	(25,000,000)			ļ	(872,263)	(9,215,731)		 	(35,087,994)	136,150,842
62308	06-0303370	Connecticut General Life Insurance										
		Company	(1,054,000,000)	16,894,557			(107, 142, 377)	(1,497,449)			(1,145,745,269)	(2,763,196,541)
	32-0222252	Cigna Onsite Health, LLC		5,000,000			5,053,453			ļ	10,053,453	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C					(44,227)				(44,227)	
	27-5402196	Cigna Affiliates Realty Investment Group,										
1		LLC		150,455,547			ļ				150 , 455 , 547	
	27-0268530	CORAC, LLC		(748,442)							(748,442)	

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		1 7111 2		<u> </u>	JOILLI O	IIIAIIOAC	/ 110140 / 1 11		AI I ILIA I LO		
NAIC Company	2 Federal ID	3 Names of Insurers and Parent,	4 Shareholder	5 Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	8 Management Agreements and	9 Income/ (Disbursements) Incurred Under Reinsurance	Any Other Material Activity Not in the Ordinary Course of the Insurer's	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	* Business	Totals	Taken/(Liability)
67369	59-1031071	Cigna Health and Life Insurance Company		176,075,679			(37,580,300)	(2,433,663)		136,061,716	(3,946,933)
	23-1728483	Cigna Health Management, Inc	(10,000,000)				152,918,081			142,918,081	
	20-8064696	Kronos Optimal Health Company					7,846,145			7,846,145	
65498	23-1503749	Life Insurance Company of North America	(175,000,000)	(35,810,341)			(18,865,942)	(109,979,021)		(339,655,304)	1, 116, 651, 803
	46-0427127	Tel-Drug, Inc.	(36,000,000)				(18,954)			(36,018,954)	
	00-0000000	Vielife Holdings Limited (United Kingdom)		2,300,000						2,300,000	
	35-2041388	IHN, Inc.		2,300,000			(3,510)			(3,510)	
	51-0389196	Cigna Global Holdings, Inc.		96,588,380			(3,310)			96,588,380	
	51-0309190	Cigna International Corporation, Inc		90,300,300			(3,159,000)			(3, 159, 000)	
	98-0210110	Cigna Global Reinsurance Company, Ltd.					(3, 139,000)			(3, 139,000)	
	90-02 10 1 10	(Bermuda)	20 707 500				(12.636)	159.742.011		100 516 075	111 540 406
	23-3009279	Cigna Holdings Overseas, Inc.	30 , 787 , 500				5.309.821	139,742,011		190,516,875 5.309.821	111,540,496
	00-0000000	Cigna Nederland Alpha Cooperatief U.A		37,483,936						37,483,936	
	00-0000000	Cigna Nederland Gamma B.V.								69,613,024	
	AA-1240009			69,613,024						09,013,024	
	AA-1240009	Cigna Life Insurance Co. of Europe S.A					(2,165,815)	177.859		(1,987,956)	9.852
	00-0000000	N.V.					7 831	111,009		7.831	9,002
	00-0000000	Cigna Europe Insurance Company S.AN.V.									
	00-0000000	Cigna Worldwide Life Insurance Company					(47.035)			(47.035)	
1	00 000000						(47,035)			(47,035)	
	00-0000000	Cigna Global Insurance Company Limited					4 004 004	(0.000 500)		(0.044.740)	(0,004,004)
00050	00.000400	(Guernsey)	(20 707 500)				4,921,801	(6,966,520)		(2,044,719)	(2,634,881)
	23-2088429	Urgna worldwide insurance company	(30,787,500)				(3,750,898)	(2,224,656)		(36,763,054)	(21,554,913)
9999999 Co	ontrol Lotais		0 1	0	1 0	1 0	1 0 1	0 1	XXX 0	1 01	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

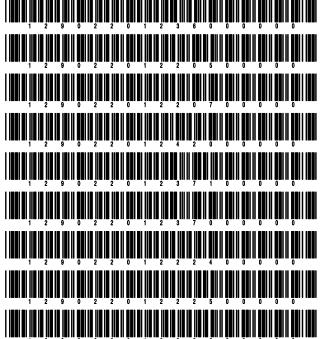
Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Will an actuarial opinion be filed by March 1? Will the confidential Risk-based Capital Report be filed with the state of domicile, if required will the confidential Risk-based Capital Report be filed with the state of domicile, if required will the confidential Risk-based Capital Report be filed by April 1? Will Management's Discussion and Analysis be filed by April 1? Will the Supplemental Investment Risks Interrogatories be filed by April 1? Will the Accident and Health Policy Experience Exhibit be filed by April 1? Will an audited financial report be filed by June 1? Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically accountant's Letter of Qualifications be filed with the state of domicile and electronically will Communication of Internal Control Related Matters Noted in Audit be filed with the state obsciness for which the special report must be filed, your response of NO to the specific into be printed below. If the supplement is required of your company but is not being filed for with the interrogatory questions. March Filing Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile Will the actuarial opinion on participating and non-participating policies as required in Interrogatory actuarial opinion on non-granariated elements as required in Interrogatory 3 to Exhidomicile and electronically with the NAIC by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicile in Interrogatory 3 to Exhidomicile and electronically with the NAIC by March 1? Will the supplemental Iride data due April 1 be filed with the state of domicile and the NAIC Will the Long-Term Care Experience Reporting Forms be file	YES YES YES YES YES YES YES YES	
2. Will an actuarial opinion be filed by March 12. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required will the confidential Risk-based Capital Report be filed with the state of domicile, if required will the confidential Risk-based Capital Report be filed by April 1? Will Management's Discussion and Analysis be filed by April 1? Will the Supplemental Investment Risks Interrogatories be filed by April 1? Will the Accident and Health Policy Experience Exhibit be filed by April 1? Will an audited financial report be filed by June 1? Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically and the Audit of the Audit of the Supplemental Risks Interrogatory Note in Audit be filed with the state. The following supplemental reports are required to be filed as part of your annual statemer business for which the special report must be filed, your response of NO to the specific his be printed below. If the supplement is required of your company but is not being filed for which the supplement is required of your company but is not being filed for which interrogatory questions. MARCH FILING Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile. Will the Audit apinion on participating and non-participating policies as required in Interrogatory 3 to Exhibit the State of domicile and electronically with the NAIC by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicile for relief related to the five-year electronically with the NAIC by March 1? Will the Supplemental Life data due April 1 be filed w	YES YES YES YES YES YES YES YES	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?. 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required PAPIL FILING 5. Will Management's Discussion and Analysis be filed by April 1? 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? 7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? 8. Will an audited financial report be filed by June 1? 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically audit Communication of Internal Control Related Matters Noted in Audit be filed with the state The following supplemental reports are required to be filed as part of your annual statemer business for which the special report must be filed, your response of No to the specific into be printed below. If the supplement is required of your company but is not being filed for which the interrogatory questions. 7. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile Will the accurarial opinion on participating and non-participating policies as required in Interrogatory and the NAIC Will the accurarial opinion on non-granaried elements as required in Interrogatory 3 to Exhibit domicile and electronically with the NAIC by March 1? 18. Will the Medicare Part D Coverage Supplement be fled with the state of domicile and the NAIC Will the NAIC by March 1? 19. Will an approval from the reporting entity's state of domicile for relief related to the five-year electronically with the NAIC by March 1? 20. Will an approval from the reporting	YES Ny March 1?	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required APRIL FILING Will Management's Discussion and Analysis be filed by April 17. Will the Supplemental Investment Risks Interrogatories be filed by April 17. Will the Accident and Health Policy Experience Exhibit be filed by April 17. JUNE FILING Will an audited financial report be filed by June 17. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically AUGUST FILING Will Communication of Internal Control Related Matters Noted in Audit be filed with the state The following supplemental reports are required to be filed as part of your annual statemer business for which the special report must be filed, your response of NO to the specific int be printed below. If the supplement is required of your company but is not being filed for wh the interrogatory questions. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC Will supplemental Property/Casualty data due March 1 be filed with the state of domicile Will the Supplemental property/Casualty data due March 1 be filed with the state of domicile Will the actuarial opinion on participating and non-participating policies as required in Interrogatory 3 to Exhil domicile and electronically with the NAIC by March 17. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhil domicile and electronically with the NAIC by March 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year electronically with the NAIC by March 17. Will an approval from the reporting entity's state of domicile for relief related to the Requiren with the NAIC by March 17. Will approval from the reporting entity's state of domicile for relief related to the Requiren with the NAIC by March 19. Will the Supplemental Life data	YES YES YES YES	
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 Will Management's Discussion and Analysis be filed by April 1? Will the Supplemental Investment Risks Interrogatories be filed by April 1? Will the Accident and Health Policy Experience Exhibit be filed by April 1? Will an audited financial report be filed by June 1? Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically AUGUST FILING Will Communication of Internal Control Related Matters Noted in Audit be filed with the state The following supplemental reports are required to be filed as part of your annual statemer business for which the special report must be filed, your response of NO to the specific into be printed below. If the supplement is required of your company but is not being filed for which the interrogatory questions. March FILING Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile Will the actural apinion on participating and non-participating policies as required in Interrobe filed with the state of domicile and electronically with the NAIC by March 1? Will the actural apinion on non-guaranteed elements as required in Interrogatory 3 to Exhidomicile and electronically with the NAIC by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC Will the Medicare Part D Coverage Supplement of domicile for relief related to the five-year electronically with the NAIC by March 1? Will the Supplemental Health Care Exhibit's State of domicile for relief related to the five-year electronically with the NAIC by March 1? Will the Supplemental Froperty/Casualty Insurance Expense Exhibit due	YES	
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AUGUST FILING 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state The following supplemental reports are required to be filed as part of your annual statemer business for which the special report must be filed, your response of NO to the specific int be printed below. If the supplement is required of your company but is not being filed for which the interrogatory questions. MARCH FILING 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile will the actuarial opinion on participating and non-participating policies as required in Interrogatory and the August 1 will the actuarial opinion on non-guarenteed elements as required in Interrogatory 3 to Exhidomicile and electronically with the NAIC by March 1? 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and electronically with the NAIC by March 1? 19. Will an approval from the reporting entity's state of domicile for relief related to the five-year electronically with the NAIC by March 1? 20. Will an approval from the reporting entity's state of domicile for relief related to the Requiren with the NAIC by March 1? 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC? 22. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with the state of domicile and the NAIC? 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with the state of domicile and the NAIC? 24. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with the state of domicile and the NAIC? 25. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with the state of domicile and the NAIC?	YES	
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24. Business not written		
Bar Codes:		
44 Martin O. Alamatia and F. Martin E. Martin D. A. Alamatia (C. 2001). IIII III III III	. 18 18 1 18 18 18 18 18 18 18 18 18 18 1	
12. Life Supplement [Document Identifier 205]	.18 18 1 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18	
	.10 10 1 10 10 10 10 10	
100 0 100 100 100 100 100 100 100 100 1	9 0 2 2 0 1 2 2 0 5 0 0 0 0	
13. Property/Casualty Supplement [Document Identifier 207]	.18 18 1 28 18 18 18 18 1	
	.18 18 1 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18	
· · · · · · · · · · · · · · · · · · ·	9 0 2 2 0 1 2 2 0 7 0 0 0 0 0	
14. SIS Stockholder Information Supplement [Document Identifier 420]	.18 (H) BB 18 18 18 18 18 18 1	
	.18 (H) BB 18 18 18 1 B 1 B 1 B 1	
1 1 1 1	9 0 2 2 0 1 2 4 2 0 0 0 0 0 0	

Participating Opinion for Exhibit 5 [Document Identifier 371] 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

Relief from the five-year rotation requirement for lead audit partner [Document 18.

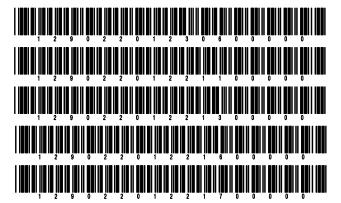
Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 19.

Relief from the Requirements for Audit Committees [Document Identifier 226]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]





MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

-	Code 3477	Individual Co	led by March 1) overage	Group Co		mpany Code 12902	
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash	
1. Prem	niums Collected	madred	Omisured	insured	Omnoured	Total Guoi	
	Standard Coverage						
	1.11 With Reinsurance Coverage	738 289 369	XXX		xxx	738 289 36	
	1.12 Without Reinsurance Coverage				XXX		
	1.13 Risk-Corridor Payment Adjustments				XXX		
	Supplemental Benefits				XXX		
	niums Due and Uncollected-change						
	Standard Coverage						
	2.11 With Reinsurance Coverage	(26 037 771)	VVV		VVV	VVV	
	2.12 Without Reinsurance Coverage				XXX		
	Supplemental Benefits				XXX	XXX	
	arned Premium and Advance Premium-change Standard Coverage						
	ŭ		Y		VVV	V/V/	
	3.11 With Reinsurance Coverage				XXX		
	3.12 Without Reinsurance Coverage				XXX	XXX	
	Supplemental Benefits				XXX	XXX	
	-Corridor Payment Adjustments-change		2007		2007	2004	
	Receivable				XXX	1001	
	Payable		XXX		XXX	XXX	
	ed Premiums						
	Standard Coverage	740 054 500					
	5.11 With Reinsurance Coverage				XXX	XXX	
	5.12 Without Reinsurance Coverage		XXX	0	XXX	XXX	
	5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX	
5.2 S	Supplemental Benefits	0	XXX	0	XXX	XXX	
6. Total	Premiums	712,251,598	XXX	0	XXX	738,289,3	
7. Clain	ns Paid						
7.1 S	Standard Coverage						
	7.11 With Reinsurance Coverage						
7	7.12 Without Reinsurance Coverage		XXX		XXX		
7.2 S	Supplemental Benefits		XXX		XXX		
8. Clain	n Reserves and Liabilities-change						
	Standard Coverage						
8	3.11 With Reinsurance Coverage	194,382,898	XXX		XXX	XXX	
8	3.12 Without Reinsurance Coverage		XXX		XXX	XXX	
8.2 S	Supplemental Benefits		XXX		XXX	XXX	
9. Healt	th Care Receivables-change						
9.1 S	Standard Coverage						
9	9.11 With Reinsurance Coverage		xxx		XXX	XXX	
9	9.12 Without Reinsurance Coverage		xxx		XXX	XXX	
9.2 S	Supplemental Benefits		xxx		XXX	XXX	
10. Clain	ns Incurred						
10.1	Standard Coverage						
1	10.11 With Reinsurance Coverage	545 , 101 , 535	XXX	0	XXX	XXX	
1	10.12 Without Reinsurance Coverage	0	xxx	0	XXX	XXX	
10.2	Supplemental Benefits	0	XXX	0	XXX	XXX	
11. Total	Claims	545,101,535	XXX	0	XXX	350,718,6	
	surance Coverage and Low Income Cost						
12.1	Claims Paid - Net of Reimbursements Applied	XXX		XXX			
	Reimbursements Received but Not Applied- change	XXX		xxx			
12.3	Reimbursements Receivable-change	XXX		xxx		XXX	
12.4	Health Care Receivables-change	XXX		xxx		XXX	
I3. Aggr	egate Policy Reserves-change					xxx	
14. Expe	nses Paid	71,175,084	xxx		XXX	71,175,0	
I5. Expe	enses Incurred	71,822,127	xxx		XXX	xxx	
16. Unde	erwriting Gain/Loss	95,327,936	XXX	0	XXX	XXX	
	n Flow Results	XXX	XXX	XXX	XXX	316,395,6	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	. 7
Assets	. 2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	. 17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	. 19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	. 20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	. 21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	. 22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	
Exhibit 8 - Furniture, Equipment and Supplies Owned	
Exhibit of Capital Gains (Losses)	
Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
· · · · · · · · · · · · · · · · · · ·	
Jurat Page	
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	
Schedule A - Part 2	
Schedule A - Part 3	
Schedule A - Verification Between Years	
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	. SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	
Schedule D - Part 1A - Section 2	
Schedule D - Part 2 - Section 1	
Schedule D - Part 2 - Section 2	
Schedule D - Part 3	
Schedule D - Part 4	
Schedule D - Part 5	
Schedule D - Part 6 - Section 1	
Schedule D - Part 6 - Section 2	
Schedule D - Fart 6 - Section 2	
Schedule D - Verification Between Years	
Schedule DA - Part 1	
Schedule DA - Verification Between Years	
Schedule DB - Part A - Section 1	
Schedule DB - Part A - Section 2	
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	
Schedule DB - Part B - Section 2	
Schedule DB - Part B - Verification Between Years	
Schedule DB - Part C - Section 1	
Schedule DB - Part C - Section 2	
Schedule DB - Part D	
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Part 3 - Special Deposits	
Schedule E - Verification Between Years	

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	
Schedule S - Part 5	34
Schedule S - Part 6	
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Inderwriting and Investment Exhibit - Part 3	14